State Assistance for Fentanyl Eradication (S.A.F.E.) in Florida Program Grant Performance Questionnaire

INSTRUCTIONS

The following pages outline the general performance achievements for recipients of one or more awards under Florida's S.A.F.E. in Florida Program Grant. The data collected from this form is used to report performance data to the Florida Legislature and authorized parties, subject to public record law. Performance questionnaires must be completed, signed, and submitted to the Florida Department of Law Enforcement for each active S.A.F.E. award regardless of if there was activity during the reported month.

Effective September 1, 2026, failure to submit any one performance questionnaire by the assigned reporting deadline may result in the denial of pending claims for reimbursement or complete withholding of funds on any or all S.A.F.E. award(s) issued to your agency.

PART I: GENERAL INFORMATION

Recipient Agency Name: _____

S.A.F.E. Agreement Number: _____

S.A.F.E. Award Number Being Reported On: _____

Reporting Period: _____

Were there S.A.F.E. expenses to claim during this reporting period? ◯ Yes ◯ No

If yes, provide the following information from the S.A.F.E. Reimbursement Request Form:

No S.A.F.E. expenses are being claimed for this reporting period.

PART II: CONTACT INFORMATION AND RECIPIENT AGENCY SIGNATURE

As the Chief Official or signatory designee, I hereby certify that the information presented within the entirety of this performance questionnaire is true and valid, was incurred in accordance with the agreement, and was approved for this award by the SAFE Executive Board. I further certify that signatory designation is on file and available upon request.

Chief Official / Signatory Designee:

Name: _____

Title: _____

Signature and Date: _____

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Performance Questionnaire Prepared By:

Name: _____

Title: _____

Phone Number: _____

Date of Questionnaire Completion: _____

PART III: SUMMARIZE KEY ACTIVITIES AND PERFORMANCE ACHIEVEMENTS

For the reporting period, describe activities completed or achievements made related to this project. Items may include how many arrests/indictments were made; fentanyl and other drugs, assets, cash, and/or guns seized.

Arrests: _____ Fentanyl (g): _____ Cocaine (g): _____

Money Seized: _____ Meth (g): _____

Vehicles: _____ Heroin (g): _____

Firearms Seized: _____ Cannabis (g): _____

For all other drugs, actions, or activities, list in the box above in grams (g).

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PART IV: DESCRIBE BARRIERS OR DIFFICULTIES ENCOUNTERED

For the reporting period, describe any delays or difficulties encountered regarding spending requested funds or progress on the case. This could include procurement delays, supply chain difficulties, etcetera.