

# FUNDING REQUEST

FY23-24 STATE FINANCIAL ASSISTANCE FOR FENTANYL ERADICATION (S.A.F.E.) IN FLORIDA PROGRAM

## PROJECT ACTIVITIES AND TIMELINE

Grant funds will be used to conduct investigations designed to combat illegal fentanyl activity as approved by the S.A.F.E. Executive Board. The Recipient will be responsible for the tasks and activities defined in the requested case, referenced below.

FDLE CASE #	DESCRIPTION AND/OR CASE NAME	BUDGET REQUEST AMOUNT	ANTICIPATED START DATE	ANTICIPATED COMPLETION DATE
	Fentanyl and Oploid Eradication (F.O.E)	\$100,000.00	07/01/2023	06/30/2024

- Initial Request       Supplemental Request

## BUDGET

To support the activities defined in the referenced case, check any categories below that are anticipated costs:

- Overtime for personnel (including overtime fringe benefits)
- Travel Costs
- Supplies
- Contractual Service (transcription services, etc.)
- Equipment
- Training
- Other Costs (Title III Cost Details, Undercover Payments, etc. Explain below.):

Undercover controlled buys and payment of confidential informants

Pre-approval for equipment and trainings is required. Please include as much information as possible in the description. Outside of investigative costs, priority will be given to send fiscally constraint counties to the appropriate drug investigation trainings.

CATEGORY	DESCRIPTION	TOTAL COST
Equipment (OCO)		
Training		
<b>Equipment/Trainings Request Subtotal</b>		
<small>(this subtotal should be part of the total budget amount above)</small>		

**RECIPIENT CONTACT INFORMATION**

**RECIPIENT GRANT MANAGER**

Name: Melissa Conger  
Title: Grant Manager  
Address: 501 E. Bay St., Jax., FL 32202  
Phone: 904-630-2809  
Email: Melissa.Conger@Jaxsheriff.org

**RECIPIENT CHIEF OFFICIAL**

Name: Mark Romano  
Title: Director  
Address: 501 E. Bay St., Jax., FL 32202  
Phone: 904-630-5898  
Email: Mark.Romano@Jaxsheriff.org

**RECIPIENT CHIEF FINANCIAL OFFICER**

Name: William Clement  
Title: Chief of Budget  
Address: 501 E. Bay St., Jax. FL 32202  
Phone: 904-630-2105  
Email: William.Clement@Jaxsheriff.org

**AGENCY INFORMATION**

Agency Name: Jacksonville Sheriff's Office  
FEID/FEIN: 59-6000344  
Remittance Address: 501 E. Bay St., Jacksonville, FL 32202

I hereby certify that I have reviewed the request above and find them necessary for program activities. I am the signing authority or have been delegated as such by the appropriate official. Information regarding the signing authority is available for review if needed.

  
Recipient Chief Official or Designee Signature

08/17/2023  
Date

M.E. Romano, Director  
Recipient Chief Official or Designee Printed Title and Name

**FOR FDLE USE**

Approved Amount: \$100,000.00

Comments:

  
FDLE Special Agent in Charge (SAC) Signature

8-18-23  
Date

M. Williams  
FDLE SAC Printed Name

FDLE S.A.F.E. Executive Board Member Signature

Date

FDLE S.A.F.E. Executive Board Member Printed Title and Name