

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.

FOLE CASE #	DESCRIPTION AND/OR CASE NAME	BUDGET REQUEST AMOUNT	ANTICIPATED START DATE	ANTICIPATED COMPLETION DATE
	Operation Players Club	\$200,000.00	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.):

Title III Cost Details, Surveillance Costs, Contractual Services 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		
Equipment/Trainings Request Subtotal		
<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 Street, 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

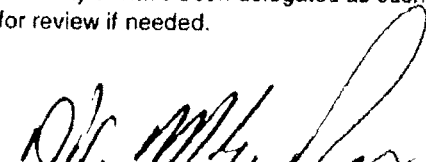
RECIPIENT CHIEF FINANCIAL OFFICER

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

AGENCY INFORMATION

Agency Name: Jacksonville Sheriffs Office
FEID/FEIN: 59-6000344
Remittance Address: 501 East Bay Street., 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

09/12/2023
Date

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

FOR FDLE USE

Approved Amount: * \$200,000.00

Comments:



9-20-23
FDLE Special Agent in Charge (SAC) Signature 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