

FUNDING REQUEST

1923-24 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 Overdose Death Investigations (F.O.D.I.)	\$150,000.00	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.):

Payment of Confidential Informants, Purchase Narcotics, Controlled Purchases

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

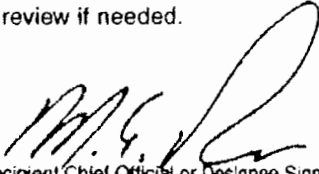
RECIPIENT CHIEF FINANCIAL OFFICER

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

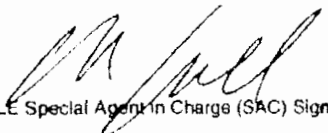
I hereby certify that I have reviewed the request above and find them necessary for program activities. I am the signing authority or have been delegated as such by the appropriate official. Information regarding the signing authority is available for review if needed.


 Recipient Chief Official or Designee Signature

09/06/2023 M.E. Romano, Director
 Date Recipient Chief Official or Designee Printed Title and Name

FOR FDLE USE

Approved Amount: \$150,000.00
 Comments:


 FDLE Special Agent in Charge (SAC) Signature
 FDLE S.A.F.E. Executive Board Member Signature

11-2-23
 Date

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