

# 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
	Operation SAFE – proactive investigations	\$99,364.00	10/01/2023	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) (\$28,440)
- ☐ Travel Costs
- ☐ Supplies
- ☐ Contractual Service (transcription services, etc.)
- ☒ Equipment
- ☐ Training
- ☐ Other Costs (Title III Cost Details, Undercover Payments, etc. Explain below.):

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)	Surveillance Camera System - \$19,030.00 Forensic Extraction Software - \$50,000.00 Chemical Workstation - \$1,985.00 Drug Test Kits - \$349.00	\$71,364.00
Training		
<b>Equipment/Trainings Request Subtotal</b> (this subtotal should be part of the total budget amount above)		<b>\$71,364.00</b>

## RECIPIENT CONTACT INFORMATION

RECIPIENT GRANT MANAGER		RECIPIENT CHIEF OFFICIAL		RECIPIENT CHIEF FINANCIAL OFFICER	
Name:	Megan Hays	Name:	Robert Kochen	Name:	Crystal Dunn
Title:	Victim Advocate	Title:	Chief of Police	Title:	Finance Director
Address:	6739 Adams Street, New Port Richey, 34652	Address:	6739 Adams Street, New Port Richey, 34652	Address:	5919 Main Street
Phone:	(727) 232-8948	Phone:	(727) 232-8912	Phone:	(727) 853-1054
Email:	haysm@ cityofnewportrichey.org	Email:	kochenr@ cityofnewportrichey.org	Email:	dunnc@ cityofnewportrichey.org

AGENCY INFORMATION	
Agency Name:	City of New Port Richey Police Department
FEID/FEIN:	59-6000386
Remittance Address:	5919 Main Street, New Port Richey, FL 34652

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	9/5/23 Date	Robert Kochen Recipient Chief Official or Designee Printed Title and Name
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## FOR FDLE USE

Approved Amount:	
Comments:	

FDLE Special Agent in Charge (SAC) Signature

Date

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