

# FUNDING REQUEST

FY24-25 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.

DESCRIPTION, CASE NAME, OR CASE #	FUNDING REQUEST AMOUNT	ANTICIPATED START DATE	ANTICIPATED COMPLETION DATE
Operation Market Garden	\$33,365.29	11-1-24	6-30-25

Initial Request

Supplemental Request\*

\*Include the supplemental request amount in "Funding Request Amount" above; Do not include any previous requests or awarded amounts. Complete the budget request below with details relating to this request, not previous funding.

## BUDGET

Is this case being funded in part or whole by another agency, grant, or other funding source (HIDTA, etc.)?

No

Yes (please provide details below)

To support the activities defined in the referenced case, include budget details below.

Outside of investigative costs, priority will be given to send fiscally constrained counties to the appropriate drug investigation trainings.

CATEGORY	NOTE	DESCRIPTION	REQUESTED FUNDS	FDLE APPROVED FUNDS FOR FDLE USE ONLY
Overtime for Personnel	Fringe benefits are not allowable costs with this round of funding.	Overtime to cover operations to include surveillance, traffic stops, CI and UC buys and search warrant executions. Overtime to cover training costs in payroll	\$25,000	\$ 25,000
Training	Pre-approval for trainings is required. Please include as much information as possible in the description.		\$0	\$
Travel Costs			\$0	\$
Supplies			\$0	\$
Equipment	Pre-approval for equipment is required. Please include as much information as possible in the description.	50 Multi drug test kits to include fentanyl testing and 50 single test fentanyl test kits. These are presumptive field kits needed to confirm the presence of illegal drugs in the field for charges. \$365.29  Covert audio and video recording device and back end support. This equipment is used during CI and UC operations to assist with evidence gathering and more	\$6,365.29	\$ 6,365.29

		importantly, safety of the CI or UC as it provides real time audio and video to rescue officers. \$6000.00		
Contractual Services	Transcription services, etc.	N/A	\$0	\$
Other Costs			\$2000	\$ 2,000.00
<b>Total</b>			<b>\$33,365.29</b>	<b>\$ 33,365.29</b>

## RECIPIENT CONTACT INFORMATION

RECIPIENT GRANT MANAGER		RECIPIENT CHIEF OFFICIAL		RECIPIENT CHIEF FINANCIAL OFFICER	
Name:	David Crowell	Name:	Robert Kochen	Name:	Crystal Dunn
Title:	Detective	Title:	Chief of Police	Title:	Finance Director
Address:	6739 Adams St New Port Richey, FL 34652	Address:	6739 Adams St New Port Richey, FL 34652	Address:	519 Main St New Port Richey, FL 34652
Phone:	443-864-2960	Phone:	727-841-4550	Phone:	727-853-1054
Email:	crowelld@cityofnewport richey.org	Email:	kochenr@cityofnewport richey.org	Email:	dunnc@cityofnewportrichey.org

AGENCY INFORMATION	
Agency Name:	New Port Richey Police Department
FEID/FEIN:	59-6000386
Remittance Address:	5919 Main St 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.

*David Crowell NP, FL*

Recipient Chief Official or Designee Signature

7-24-24  
Date

Detective David Crowell

Recipient Chief Official or Designee Printed Title and Name

## FOR FDLE USE

FDLE Case #:	TM-18-0292
Comments:	

By signing below, this request is authorized by the FDLE S.A.F.E. Executive Board for the amounts listed in the FDLE Approved Cost column of the budget table above, and comments listed in this section.

*Jennifer Miller*  
FDLE Chief of Planning and Budgeting Signature

11/8/24  
Date

Jennifer Miller  
FDLE Chief of Planning and Budgeting Printed Name