

Fiscal Year 2024-2025: Law Enforcement Salary Assistance Program

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Mon 5/6/2024 9:08 AM

 1 attachments (1 MB)

LESA - Fillable Contact Page.pdf;

!WARNING!

"This email contains an attachment that has the ability to contain macros which can be used as an attack vector by viruses. If prompted to enable macros, DO NOT enable them in this document."

IF EVER IN DOUBT, DON'T DO IT / DON'T CLICK IT!!!

Dear LESA Recipient,

In anticipation of the Law Enforcement Salary Assistance (LESA) program being renewed for Fiscal Year 2024-2025, I have attached a (fillable) contact page that requires your review. Please ensure that you provide all the necessary information, as it will be used for your FY 2024-25 LESA contract.

Please note that the renewal of the program is contingent upon the Governor's approval and signature on the FY 2024-25 General Appropriations Act. In the event the program is renewed, we request that you complete and submit the document to our office by the close of business, **Friday, May 17, 2024.**

If the program is renewed, I will send a follow-up email to request the Spending Plan, as well as outline each Sheriff's Office/Board of County Commissioners allocation for FY 24-25.

If you have any questions regarding the documentation requested, please contact me via email or at the number below.

Thank you,

Angela Ferrara, FCCM
Government Analyst II
Office of Criminal Justice Grants
Florida Department of Law Enforcement
(850) 617-1253

FDLE

Appendix A: Administration Example:

Appendix A: Administration

Name of Recipient Agency: Enter County Name

Recipient Agency County:

Recipient's 9-digit FLAIR Vendor Number: Enter 9-digit FLAIR vendor number

Recipient's FLAIR Street Address: FLAIR Address to remit payments

Grant Manager		Chief Official Contact	
Name	Primary Point-of-Contact Information	Name	Chairman's Information
Title		Title	
Address		Address	
City/ST/Zip		City/ST/Zip	
Phone		Phone	
Email		Email	
Chief Financial Officer		Alternative Point-of-Contact	
Name	Chief Financial Officer's Information	Name	Alternative Contact's Information
Title		Title	
Address		Address	
City/ST/Zip		City/ST/Zip	
Phone		Phone	
Email		Email	

Grant Manager: This individual serves as the primary point-of-contact for the grant, project activities, responsible for all performance and financial reporting, and overall compliance with the grant agreement.

Chief Official: This individual is the head of the recipient agency. **Note:** If using a Chief Official Designee, the application must include a copy of the written authorization of signature authority (official letter from the chief official, ordinance, charter, etc.) approving the individual for signature authority.

Chief Financial Officer: This individual is responsible for the entity's accounting system, financial and records management, and certifying the financial claim reports that are submitted for payment.

Alternative Point-of-Contact: This individual serves as the alternative point-of-contact for this award if the primary point-of-contact is unavailable.

Appendix A: Administration

Name of Recipient Agency: _____

Recipient Agency County: _____

Recipient's 9-digit FLAIR Vendor Number: _____

Recipient's FLAIR Street Address: _____

Grant Manager		Chief Official Contact	
Name		Name	
Title		Title	
Address		Address	
City/ST/Zip		City/ST/Zip	
Phone		Phone	
Email		Email	

Chief Financial Officer		Alternative Point-of-Contact	
Name		Name	
Title		Title	
Address		Address	
City/ST/Zip		City/ST/Zip	
Phone		Phone	
Email		Email	

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