

CITY OF MENIFEE  
**GRANT SUMMARY REPORT**  
FINANCE DEPARTMENT

**FISCAL YEAR OF GRANT AWARD:** 2024/2025 **DATE CITY COUNCIL APPROVED:** 11/6/24  
**Grant Name:** COPS Microgrant **Granting Agency:** US DOJ  
**City Department:** Meniffee Police Department **City Grant Administrator:** Christine Booker  
**Grant performance period:** 10/1/24-9/30/26 **Type of Grant:** ☐ State ☒ Federal ☐ Local ☐ Other: \_\_\_\_\_

**Grant Purpose/City Program:**

The funds received would be used for costs incurred by PD to facilitate the creation and implementation of a training program to display methods to identify members of the public who have Autism and other special needs and demonstrate evidence based methods for successful communication to ensure safe interactions for all parties.

<b>If Federal Grant:</b>		
<b>Federal Awarding Agency:</b>	DOJ	<b>Federal CFDA Number:</b> 16.710
<b>If Pass-through Grant:</b>		
<b>Pass-through Agency:</b>	_____	<b>Pass-through Number:</b> -
<b>Grant ID Number:</b>	-	
<b>Grant Funding Period:</b>	10/1/24-9/30/26	<b>Amended Through:</b> -
<b>Amount from Granting Agency:</b>	\$51,949	<b>Method of Funding:</b> Reimbursement
<b>City Matching Funds:</b>	_____	<b>Frequency of Funding:</b> -
<b>Total Grant Amount:</b>	\$51,949	<b>If other, please describe:</b> N/A

**City Expenditure Account No:** 2301-51-MPD-PDAM-000-00000-652429 **City Revenue Account No:** 2301-28-XNC-XNCL-000-00000-441000

**Reporting Requirements:**

Quarterly reporting will be required.

**Does the funding agency require a compliance audit?** No  
**If yes, what kind of report?** N/A  
**Additional reporting required:** N/A  
**Does the funding agency require a copy of the Single Audit report?** No  
**Is this a federal grant (subject to Single Audit)?** Yes  
**Can grant funds be carried over to other fiscal years?** Yes  
**If yes, which years?** 25/26  
**Is allocated interest a grant requirement?** No