

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

**FISCAL YEAR OF GRANT AWARD:** 2024/2025 **DATE CITY COUNCIL APPROVED:** 11/6/24  
**Grant Name:** ABC-OTS Decoy/Shoulder Tap **Granting Agency:** Alcohol Beverage Control  
**City Department:** Meniffee Police Department **City Grant Administrator:** Christine Booker  
**Grant performance period:** 10/1/24-8/31/25 **Type of Grant:** ☒ **State** ☐ **Federal** ☐ **Local** ☐ **Other:** \_\_\_\_\_

**Grant Purpose/City Program:**

To host multiple operations including Minor decoy/ shoulder tap and IMPACT operations.

**If Federal Grant:**

**Federal Awarding Agency:** - **Federal CFDA Number:** -

**If Pass-through Grant:**

**Pass-through Agency:** - **Pass-through Number:** -

**Grant ID Number:** -

**Grant Funding Period:** 10/1/24-8/31/25 **Amended Through:** -

**Amount from Granting Agency:** \$32,100 **Method of Funding:** Reimbursement

**City Matching Funds:** - **Frequency of Funding:** -

**Total Grant Amount:** \$32,100 **If other, please describe:** N/A

**City Expenditure Account No:** 2301-51-MPD-PDAM-000-00000-652428 **City Revenue Account No:** 2301-28-XNC-XNCL-000-00000-441002

**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)?** No

**Can grant funds be carried over to other fiscal years?** Yes

**If yes, which years?** 25/26

**Is allocated interest a grant requirement?** No