



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