

CASE & FUNDING REQUEST

FY24-25 ONLINE STING OPERATIONS GRANT PROGRAM FOR LOCAL LAW ENFORCEMENT STATE FINANCIAL ASSISTANCE

GOALS

The goals defined below are related to creating sting operations to target individuals online-preying upon children, or attempting to do so.

DESCRIPTION OF GOAL
Identify / Disrupt / Dismantle activities by online offenders soliciting children online.
Arrest and prosecution of identified offenders, along with the identification of prior and current victims.
Seize vehicles, electronic devices, and mobile devices used during the commission of a crime.
Conduct digital forensic exams on seized electronic devices to identify other victims and for the collection of digital evidence for case prosecution.

CASE DETAILS

Requesting Agency:	Delray Beach Police Department
Case Name (if a specific operation)	
Anticipated Start Date:	
Anticipated Completion Date:	06-30-2025
Current/On-Going Investigative Efforts:	Detectives are actively monitoring a variety of different online dating applications and other known databases that suspects / predators go to attempt to meet children online. Detectives engage in conversation with these individuals and if the subject invites the "decoy" to meet an operation will go into effect. In addition, Detectives vet and investigate new and ongoing ICAC cases daily. Detectives are consistently conducting digital forensic exams on cell phones and other electronic databases related to ICAC / child related cases.
Deconfliction Conducted:	<input checked="" type="checkbox"/> ICACCOPS (ICACCOPS) <input checked="" type="checkbox"/> ICAC Data Systems (IDS) <input type="checkbox"/> CPS Gridcop <input type="checkbox"/> Other (please explain)

REQUIREMENTS AND ELIGIBILITY

This program is open to local law enforcement agencies in the State of Florida, and is a cost reimbursement grant. Additional requirements are listed below.

- Applicants must be a signed affiliate with its regional Internet Crimes Against Children (ICAC) Task Force. You must obtain and attach to this request a Letter of Support from your agency's ICAC Commander. To qualify for a letter of support, the ICAC Commander will review the following requirements:
 - Individuals using requested equipment have attended required ICAC training.
 - The agency adheres to ICAC standards.
- Renewal costs for requested equipment and software beyond the grant period must be covered by the recipient agency.
- Recipients must provide performance measures each month along with the reimbursement claim:
 - # Arrests made
 - # Children rescued
 - # Seizures/ Vehicles
 - # Victims identified

- # Digital devices examined

BUDGET

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

☒ No

☐ Yes (please provide details below)

Disallowed Costs are listed below.

- Personnel costs
- Training costs
- Trinkets and giveaways
- Community outreach and education activities
- Construction/remodels
- Food and beverage
- Transportation or travel costs

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

Please add rows as needed to the table below to itemize each supply, equipment, or other cost being requested utilizing the (+) in the bottom right corner of the table i.e. Equipment/Supplies Description: (2) Unlocked Tablets at \$700 Each; Requested Funds: \$1,200.

☐ Initial Request

☒ Supplemental Request*

*Do not include any previous requests or awarded amounts. Complete the budget request below with details relating to this request, not previous funding.

CATEGORY	NOTE	DESCRIPTION	REQUESTED FUNDS	FDLE APPROVED FUNDS FOR FDLE USE ONLY
Equipment/Supplies	Only computers, electronics, other related items	Expandable data storage server, battery backup, memory drives, a secure housing cage for the server, and other supporting hardware as well as installation.	\$ 30,000	\$
Other Costs	Only software and related items	.		\$
Total			\$ 30,000	\$

RECIPIENT CONTACT INFORMATION

RECIPIENT GRANT MANAGER		RECIPIENT CHIEF OFFICIAL		RECIPIENT CHIEF FINANCIAL OFFICER	
Name:	Kristina Maricic	Name:	Thomas F. Carney, Jr.	Name:	Henry Dachowitz
Title:	Administrative Services Manager	Title:	Mayor	Title:	Chief Financial Officer
Address:	300 West Atlantic Ave, Delray Beach, FL 33444	Address:	100 NW 1 st Ave., Delray Beach, FL 33444	Address:	100 NW 1 st Ave., Delray Beach, FL 33444
Phone:	561-243-7852	Phone:	561-243-7010	Phone:	561-243-6204
Email:	maricic@mydelraybeach.com	Email:	carney@mydelraybeach.com	Email:	DachowitzH@mydelraybeach.com

AGENCY INFORMATION

Agency Name:	City of Delray Beach Police Department
FEID/FEIN:	59-6000308
Remittance Address:	100 NW 1 st Ave., Delray Beach, FL 33444 Attention: Kristina Maricic, Police Department

I hereby certify that I have reviewed the request above and find the request necessary for program activities. Attached is the Letter of Support from our regional ICAC commander. 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.


 Recipient Chief Official or Designee Signature

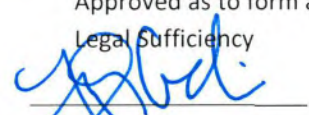
5/21/2025
 Date

Thomas F. Carney, Jr., Mayor, City of Delray Beach
 Recipient Chief Official or Designee Printed Title and Name

Attest to:

 5/21/2025
 Alexis Givings, City Clerk Date

Approved as to form and
 Legal Sufficiency


 Lynn Gelin, City Attorney

5/20/2025
 Date

FOR FDLE USE

FDLE Case # (if applicable):	
Comments:	

By signing below, this request is authorized for the amounts listed in the FDLE Approved Cost column of the budget table above, and comments listed in this section.

FDLE Chief of Planning and Budgeting Signature

Date

FDLE Chief of Planning and Budgeting Printed Name



CITY OF DELRAY BEACH
CITY ATTORNEY'S OFFICE
200 NW 1ST Avenue, Delray Beach, FL 33444
561-243-7090



LEGAL REVIEW FORM

This form is to be used solely for the legal review of documents not including procurement agreements. Procurement Agreements are reviewed under a separate cover. This form shall only be completed by a member of the City Attorney's Office.

Date of Review: 4 / 25 / 2025

Document Name: Case and Funding Request - Online Sting Operations Grant

Document Type: Grant

Submitted by: Kristina Maricic

☒ This document is approved as to form and legal sufficiency.

☐ This document is approved as to form and legal sufficiency; however the undersigned made the following change(s): _____.

☐ This document is not approved as to form and legal sufficiency for the following reason(s): _____.

Please resubmit with the following corrections:

/s/ Lawonda Warren
Attorney

Copy to:

☐ City Attorney's Office (with a copy of the approved document)

☐ Other: _____