

ORGANIZED CRIME DRUG ENFORCEMENT TASK FORCES
Agreement
FOR THE USE OF THE STATE AND LOCAL
OVERTIME AND AUTHORIZED EXPENSE/STRATEGIC INITIATIVE PROGRAM

Federal Tax Identification #: 63-6001263

DC#: _____

Amount Requested:

\$ 10,000

Number of Officers Listed: 1

From: 10/1/12

Beginning Date of Agreement

To: 09/30/2013

Ending Date of Agreement

State or Local Agency

Narcotics Supervisor: David W. Wilson

Telephone Number: 251/943-4431

E-mail Address: dwilson@foleypolice.org

Fax # (if applicable): 251/943-2969

OCDETF Investigation / Strategic Initiative

Number: SE-ALS 102

Federal Agency Investigation

Number: 245D-MO-2547205

State or Local Agency Name and Address:

Foley police Department

Post office Box 1750

Foley, AL 36535

Sponsoring Federal Agency

Group/Squad Supervisor: SSA Daryl G. Huff

Telephone Number: 251/219-3551

E-mail Address: Daryl.huff@ic.fbi.gov

Sponsoring Federal Agency(ies):

Federal Bureau of Investigation

Please provide the name, telephone number, e-mail address, and fax number for the administrative or financial staff person at the State or Local Agency, who is directly responsible for the billings under this Reimbursement Agreement:

Name: Anne Smith

Telephone Number: 251/970-5098

E-mail Address: asmith@cityoffoley.org

Fax # (if applicable): 251/970-2384

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