

**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#: _____

<p>Amount Requested: <u>\$ 10,000</u></p>	<p>OCDETF Investigation / Strategic Initiative Number: <u>SE-ALS 102</u></p>
<p>Number of Officers Listed: <u>1</u></p>	<p>Federal Agency Investigation Number: <u>245D-MQ-2547205</u></p>
<p>From: <u>10/1/12</u> Beginning Date of Agreement To: <u>09/30/2013</u> Ending Date of Agreement</p>	<p>State or Local Agency Name and Address: <u>Foley police Department</u> <u>Post office Box 1750</u> <u>Foley, AL 36535</u></p>
<p>State or Local Agency Narcotics Supervisor: <u>David W. Wilson</u> Telephone Number: <u>251/943-4431</u> E-mail Address: <u>dwilson@foleypolice.org</u> Fax # (if applicable): <u>251/943-2969</u></p>	<p>Sponsoring Federal Agency Group/Squad Supervisor: <u>SSA Daryl G. Huff</u> Telephone Number: <u>251/219-3551</u> E-mail Address: <u>Daryl.huff@ic.fbi.gov</u></p>

<p>Sponsoring Federal Agency(ies): <u>Federal Bureau of Investigation</u></p>

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