

# ANTI-HEROIN TASK FORCE GRANT PROGRAM

Governor's Office of Drug Control Policy  
Pape State Office Bldg., 5th Floor  
215 E. 7th Street, Des Moines, Iowa 50319 (515) 725-0300

Anti-Heroin Task Force CFDA #16.710

Grantee:  Story County Sheriff's Office 900 6th Street Nevada, Iowa 50201-2004	<b>Grant #18-COPS Heroin-08</b>  Grant Period: January 1, 2019 through June 30, 2020  (Revised 2/25/20)  <b>Federal:           \$6,111</b> <b>Match:             \$0</b> <b>Total:             \$6,111</b>
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ODCP Contact: Dennis Wiggins 515/725-0311

Legal Applicant: Linda Murken	Program Director: Brian Tickle
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*This grant is subject to the terms and conditions incorporated either directly or indirectly by reference in the grant program legislation, the grant program request for proposal, and the stipulations, if any, noted under "Special Conditions." Except for any waiver granted explicitly elsewhere in this grant, this award does not constitute approval of waiver from any Federal or state statutory/regulatory requirements for a United States Department of Justice grant. The grantee agrees to perform all services and furnish all supplies set forth in the application of this grant award for the consideration stated herein. This grant consists of the application for funds, the grant award notice, the budget documents, the standard grant conditions, the reporting forms, and all approved grant revision documents. All parties to this grant award acknowledge that they have fully read and understand this contract, and agree to abide by the terms set forth within.*

### SPECIAL CONDITIONS

- Grant funding is provided to assist project with mid to high level heroin investigations or precursor diversion investigations.
- Targets of investigations will be shared with the Division of Intelligence to be entered into the LEIN database system.
- Projects will regularly deconflict investigations by searching potential targets in the LEIN database system.

In witness wherefore, the parties hereto have executed this grant the day and year specified below.

SIGNATURES/DATES

\_\_\_\_\_  
Legal Applicant/Date

 2/26/20  
\_\_\_\_\_  
Program Director/Date

\_\_\_\_\_  
ODCP Administrator/Date