

**Award Signatures**

In witness whereof, the parties affirm they each have read and agree to the conditions set forth in **Appendix E and Appendix F** of this agreement, have read and understand the agreement in its entirety and have executed this agreement by their duly authorized officers on the date, month and year set out below.

**Modifications to this page, including strikeovers, whiteout, etc. are not permitted.**

**Award ID:** PS001  
**Award Title:** PS001: FY24 PSNS - Operation Cease Fire  
**Award Period:** 01/01/2026 – 09/30/2027

**Florida Department of Law Enforcement  
Bureau of Criminal Justice Grants**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name and Title: Cody Menacof, Bureau Chief

**Recipient  
City of Fort Pierce**

The award is not valid until signed and dated by all required parties including either the Chief Official or Designee below. Any Designee signatures must be accompanied by documentation granting the authority to execute this agreement.

By signing below, I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343, and Title 31, Sections 3729-3730 and 3801-3812.

**Recipient Chief Official**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name and Title: Linda Hudson, Mayor

**Recipient Chief Official Designee**

Signature:  \_\_\_\_\_ Date: 6/1/26

Printed Name and Title: David Smith, Chief of Police

**Additional Recipient Signatures (optional)**

If your local process requires additional signatures (i.e., legal, clerk, etc.) use the spaces below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_