

APPLICATION FOR CASE APPROVAL

FY24-25 FORENSIC INVESTIGATIVE GENETIC GENEALOGY GRANT PROGRAM STATE FINANCIAL ASSISTANCE

AGENCY CONTACT & CASE CRITERIA

Primary Investigating Agency	
Investigating Agency Contact Name & Rank	
Investigating Agency Contact Email & Phone #	
Alternative Investigating Agency Contact Person Information	
Additional Investigating Agency (if applicable) e.g., Medical Examiner's Office, State Attorney's Office, established cold case group	
Cases MUST meet the Terms of Service of both Public Genetic Genealogy Databases that allow Law Enforcement Searching and Use. In short, the case must involve a violent crime against a person and/or unidentified human remains. Please confirm and acknowledge.	<input type="checkbox"/> Yes, Case meets criteria for use of GEDmatch PRO™ Terms of Use GEDmatch PRO™ <input type="checkbox"/> Yes, Case meets criteria for use of FTDNA FamilyTreeDNA - Law Enforcement Guide
For UHR Specimen ONLY – Is the decedent reasonably believed to be the victim of a homicide based on case details, body condition, or other investigative means?	<input type="checkbox"/> Yes <input type="checkbox"/> No Non-homicide cases are eligible. Answer may reveal additional sources of available funding.
Have all leads have been exhausted, and the case is unsolved?	<input type="checkbox"/> Yes <input type="checkbox"/> No, If leads have not been exhausted, explain:

CASE INFORMATION

If you have completed the [Florida Department of Law Enforcement Familial Search Request Form](#) (cjNET), it may be attached to this application and the following table may be left blank.

Investigating Agency Case Number	
Crime Laboratory and Laboratory Case Number	
*STR CODIS Specimen ID	
Date of Offense	
Offense Type (e.g. homicide, sexual assault, N/A for Doe)	
Victim(s) – Name, Gender, DOB (if applicable)	
UHR NamUs UP# (required for UHRs)	
UHR NCIC NIC# (required for UHRs)	

*May be obtained from your crime laboratory. In order to qualify for funding, the profile for the person of interest or UHR must have been uploaded to at least the Florida state level of CODIS. Refer to program overview.

UHR cases with STR profiles uploaded to the National level of CODIS through the University of North TX Center for Human Identification, FBI, or MN Bureau of Criminal Apprehension qualify. Provide the specimen ID or a copy of the lab report.

EVIDENCE / SAMPLE INFORMATION

If you previously had the case or sample reviewed by a qualified vendor or your crime lab, documentation may be appended. You may include reports, assessments, or quotes from the vendor. If not, complete the table below, so the potential for successful SNP testing may be assessed.

Consult your crime laboratory for the following information as needed.

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1. Do you have leftover DNA extract available from prior STR testing?	<input type="checkbox"/> Yes (please answer questions a – d) <input type="checkbox"/> No (please skip to question 2)
a. Approximate extract volume (ul), if not dried:	
b. Approximate quantitation value (ng/ul):	
c. Template amount if previously determined (ng):	
d. How is the sample stored?	<input type="checkbox"/> Dried <input type="checkbox"/> Room Temperature <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer
2. Is the STR sample result a mixture? (Samples including more than two donors do not qualify)	<input type="checkbox"/> No
	<input type="checkbox"/> Yes; the approximate ratio or % contributions of the donors are (POI:known or Victim):
3. If needed, is a reference sample for the known donor or victim available?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note that funds may be used for DNA extraction to generate SNP profiles from evidentiary items or remains; however, funding may not be used for examination and extraction for cases that do not yet have a CODIS entry. STR testing must have previously been conducted, or the Investigating Agency may request or pay for STR testing where an applicable means of entry into the Florida DNA Database (State level of CODIS) exists, and request reimbursement for the SNP testing that follows if no CODIS hits are obtained.

CASE SCENARIO + OVERVIEW

Provide a brief description of the crime and how the sample is unequivocally attributable to the putative perpetrator, OR, if the sample is from a UHR, indicate date body found and any special circumstances. Include any distinguishing details or modis operandi, the evidence source and its link to the alleged perpetrator, summary of prior forensic analysis, and case identifiers for any linked cases. For UHRs, include attempts made to ID the individual (including use of fingerprints in NGI, dentals, other).

BUDGET

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

Please add rows as needed to the table below to itemize item or service being requested utilizing the (+) in the bottom right corner of the table.

CATEGORY	ITEM/SERVICE	DESCRIPTION	REQUESTED FUNDS	FDLE APPROVED FUNDS
				FOR FDLE USE ONLY
Contractual Services			\$	\$
Contractual Services			\$	\$
Contractual Services			\$	\$
Total			\$	\$

RECIPIENT CONTACT INFORMATION

RECIPIENT GRANT MANAGER		RECIPIENT CHIEF OFFICIAL		RECIPIENT CHIEF FINANCIAL OFFICER	
Name:		Name:		Name:	
Title:		Title:		Title:	
Address:		Address:		Address:	
Phone:		Phone:		Phone:	
Email:		Email:		Email:	

AGENCY INFORMATION	
Agency Name:	
FEID/FEIN:	
Remittance Address:	

By signing below, you are indicating that this case is a violent crime against a person and/or a critical public safety concern that is unsolved with all leads (both forensic and investigative) exhausted, and that you are committing to investigate further and prosecute as a result of the search outcome, as appropriate, OR that the case involves identification of a UHR.

Recipient Chief Official Signature
(Required for perpetrator and/or UHR homicide victim)

Date

Recipient Chief Official Printed Title and Name

Recipient State Attorney (or ASA) Signature
(Required for perpetrator and/or UHR homicide victim)

Date

Recipient State Attorney (or ASA) Printed Title and Name

Recipient Medical Examiner Representative Signature
(Required for all UHRs)

Date

Recipient Medical Examiner Representative Printed Title and Name

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<https://www.fdle.state.fl.us/FDLE-Grants/Open-Funding-Opportunities/Funding-Opportunities/Genetic-Genealogy/FY24-25-Genetic-Genealogy>

Please complete the [FY24-25 FIGG Application](#) and email to OPBFunding@fdle.state.fl.us.