1. **Title of Project:** COPS Matching Grant
2. **Senate Sponsor:** Aaron Bean
3. **Date of Submission:** 11/14/2017
4. **Project/Program Description:**
   COJ (City of Jacksonville) COPS Matching Grant
5. **State Agency Contacted?** No
   a. If yes, which state agency?
   b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Law Enforcement
6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>250,000</td>
<td></td>
<td>250,000</td>
</tr>
</tbody>
</table>

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>198,000</td>
<td>11.8%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>1,224,000</td>
<td>73.2%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,422,000</td>
<td>85.0%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,672,000
9. **Previous Year Funding Details:**
   a. Has funding been provided in a previous state budget for this activity? **Yes**
   b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 3
   c. What is the most recent fiscal year the project was funded? **2017-18**
   d. Were the funds provided in the most recent fiscal year subsequently vetoed? **No**
   e. Complete the following Worksheet.
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

### FY: Input Prior FY Appropriation for this project for FY 2017-18
(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)

<table>
<thead>
<tr>
<th>Column:</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
<td>Prior Year Nonrecurring Funds *</td>
<td>Total Funds Appropriated (Column A + Column B)</td>
</tr>
<tr>
<td>Input Amounts:</td>
<td>250,000</td>
<td>250,000</td>
<td></td>
</tr>
</tbody>
</table>

10. Is future-year funding likely to be requested?
   Yes
   a. If yes, indicate non-recurring amount per year.
      $250,000

11. Program Performance:
   a. What is the specific purpose or goal that will be achieved by the funds requested?
      The goal of the project is to reduce firearm related violent crime and homicide in Jacksonville, Florida.
   b. What are the activities and services that will be provided to meet the intended purpose of these funds?
      The COPS Grant funds will be used to continue 15 sworn officer positions that have allowed us to implement a three-pronged approach that includes a Blight/ Nuisance Squad, Sheriff's Watch Apartments, and the Group Violence Intervention Program.
   c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Costs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
d. What are the direct services to be provided to citizens by the appropriations project?

The Blight/Nuisance Squad is designed to respond to the proven nexus between blight conditions and crime by addressing community concerns and environmental issues that facilitate criminal activity in the most violent areas in the City. Sheriff's Watch Apartments works with apartment communities to establish policies and practices that help foster a safe and secure environment. The National Network for Safe Communities partnered with us to implement the Group Violence Intervention Program that is designed to address violent crime and group violence in our city with a major emphasis on murder and aggravated battery (shootings) derived by group/gang violence.

e. Who is the target population served by this project? How many individuals are expected to be served?

The project will benefit all citizens in Jacksonville.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The expected outcome is to reduce firearm related crime and homicides. The program’s success will be measured by an examination of the number of firearm-related incidents longitudinally.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

The city has an obligation to fulfill the contract requirements, if the city breaches the terms of the contract it should be cancelled.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

a. Name: Ali Koreman-Shelton
b. Organization: City of Jacksonville
c. Email: akshelton@coj.net
d. Phone Number: (904)718-4276

14. Recipient Contact Information:
a. Organization: City of Jacksonville
b. County: Duval
c. Organization Type:
   - For Profit
   - Non Profit 501(c) (3)
   - Non Profit 501(c) (4)
   - Local Entity
   - University or College
   - Other (Please specify) Local Government
d. Contact Name: Ali Korman-Shelton
e. E-mail Address: akshelton@coj.net
f. Phone Number: (904)718-4276

15. If there is a registered lobbyist, fill out the lobbyist information below.
a. Name: Mat Forest
b. Firm: Ballard Partners
c. Email: Mat@ballardfl.com
d. Phone Number: (561)779-7003