



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Nursing Home Investigation And Prosecution

2. **Senate Sponsor:** Gary Farmer

3. **Date of Submission:** 01/17/2018

4. **Project/Program Description:**

Resources needed for the Investigation and Prosecution of the deaths of 14 residents of Hollywood Nursing Home which occurred following Hurricane Irma, 12 of which have been reported as homicides pursuant to the Broward Medical Examiner.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Justice Administration

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
727,334		727,334

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

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 727,334

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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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.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

\$21,484

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

Investigation and Prosecution of Hollywood Hills Nursing Home.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Investigation and Prosecution

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	8 FTE	693,686



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	FTE Operational costs	33,648
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		727,334

d. What are the direct services to be provided to citizens by the appropriations project?

Public Safety.

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

Crime against the State of Florida and all residents of Nursing Homes and Facilities.

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

Public Safety.

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?

None

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.

None

13. Requestor Contact Information:

- a. Name: Monica Hofheinz
- b. Organization: Office of the State Attorney 17th Judicial Circuit
- c. Email: Hofsa17@sao17.state.fl.us
- d. Phone Number: (954)868-1498

14. Recipient Contact Information:

- a. Organization: Office of the State Attorney 17th Judicial Circuit
- b. County: Broward
- c. Organization Type:
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity



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☐ University or College

☒ Other (Please specify) State Agency

d. Contact Name: Monica Hofheinz

e. E-mail Address: Hofsa17@sao17.state.fl.us

f. Phone Number: (954)868-1498

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: