



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 3183

1. Project Title Alligator Alley Emergency Reponse Technology

2. Senate Sponsor Kathleen Passidomo

3. Date of Request 02/20/2023

#### 4. Project/Program Description

The Computer Aided Dispatch and Records Management System is crucial for the Tribe's Public Safety infrastructure to meet its safety needs. To address these needs, the project will implement a Computer Aided Dispatch Solution and Records Management System to enhance the efficiency of our dispatch center and the safety of emergency responders. The objectives of the project are to provide a more efficient emergency response and improve crime prevention and community safety. This will not only improve the safety of first responders and the community we serve, but also reduce the risk of harm to life and property.

5. State Agency to receive requested funds Department of Law Enforcement

State Agency contacted? No

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	1,168,337
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,168,337</b>

#### 7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,168,337	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,168,337</b>	<b>100%</b>

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes



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If yes, indicate the amount of funds received and what the funds were used for.

\$118,201 Improving building safety and sanitation measures. Healthcare Services. Law Enforcement. Paycheck protection program. Offsetting the costs of adapting to new regulations and guidelines.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Computer Aided Dispatch Software, Services & Hardware	1,168,337
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,168,337</b>

### 14. Program Performance

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

To increase crime prevention and community safety by providing a faster and more efficient emergency response.

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



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- Improved response times to emergency calls.
- Increased accuracy and efficiency of dispatch processes
- Better tracking and reporting of police activity
- Enhanced collaboration and communication between dispatch and officers in the field
- Streamlined and centralized management of records and data

**c. What direct services will be provided to citizens by the appropriation project?**

- Emergency response.
- Crime prevention and community safety.
- Traffic control and management.
- Investigation and prosecution of crimes.

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

This project will benefit not only the local community, but also the transient population (+1000) of the area.

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

- Faster and more efficient emergency response.
- Improved crime prevention and community safety.
- Increased accuracy and efficiency of dispatch processes.
- Enhanced collaboration and communication between dispatch and officers in the field
- Better tracking and reporting of police activity
- Improved community outreach and engagement

Performance Metrics: Track key performance indicators such as response times, call volume, and crime rate to determine the impact of the technology upgrades on the efficiency and effectiveness of police operations.

Surveys and Feedback: Collect feedback from officers, dispatchers, and community members to gauge the impact of the technology upgrades on their experiences and perceptions of the police department.

**f. 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 the contract?**

Return of a pro-rata portion of the funds if the program fails to meet the established deliverables and performance measures, such as utilization of a sufficient number of radio devices, serves as a penalty for non-compliance and ensures the responsible use of taxpayer dollars.

**15. Requester Contact Information**

**a. First Name**  **Last Name**   
**b. Organization**   
**c. E-mail Address**   
**d. Phone Number**  **Ext.**

**16. Recipient Contact Information**

**a. Organization**   
**b. Municipality and County**   
**c. Organization Type**  
☐ For Profit Entity  
☐ Non Profit 501(c)(3)



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☐ Non Profit 501(c)(4)

☒ Local Entity

☐ University or College

☐ Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**