



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Broward County - Courthouse Reimbursement

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 12/06/2017

4. **Project/Program Description:**

Broward County Courthouse Reimbursement. Within section 29.008, F.S., the state bears the responsibility to furnish hearing rooms, jury facilities, any other facility occupied by the courts, state attorneys, public defenders, and guardians ad litem.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? State Court System

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 |
|---------------------------------|---|---------------------------------------|
| | 6,000,000 | 6,000,000 |

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):** 6,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. 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?

No

11. Program Performance:

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

Reimbursement of county expenses for state responsibility of non-common area furnishings. Pursuant to Section 29.008, F.S., the state bears the responsibility to furnish hearing rooms, jury facilities, any other facility occupied by the courts, state attorneys, public defenders, and guardians ad litem. Broward County has spent \$6 million to furnish the non-common area of the new \$300 million courthouse complex.

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

Reimburse Broward County for purchasing furniture for the new courthouse

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 checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | Furniture in judicial, state attorneys, clerk of courts, guardian at litem, and public defender offices, pursuant to s. 29.008, F.S. | 6,000,000 |
| <input type="checkbox"/> Consultants/Contracted Services/Study | | |



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| | | |
|--|--|-----------|
| Operational Costs | | |
| <input type="checkbox"/> Salary and Benefits | | |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation | | |
| <input type="checkbox"/> Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 6,000,000 |

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

N/A

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

N/A

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

N/A

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?

Not applicable, reimbursement for expenditures of county funds for state responsibility

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: Marty Cassini
- b. Organization: Broward County
- c. Email: mcassini@broward.org
- d. Phone Number: (954)599-8088

14. Recipient Contact Information:

- a. Organization: Broward County
- b. County: Broward
- c. Organization Type:



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- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify) Broward County

d. Contact Name: Marty Cassini

e. E-mail Address: mcassini@broward.org

f. Phone Number: (954)599-8088

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

a. Name: Ronald Book

b. Firm: Ronald L Book, P.A.

c. Email: ron@rlbookpa.com

d. Phone Number: (305)953-1866