



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1578

1. Title of Project: North Miami NMPD Victim Assistance Emergency Fund

2. Senate Sponsor: Jason Pizzo

3. Date of Submission: 02/11/2019

4. Project/Program Description:

The purpose of the funds is for the North Miami Police Department to provide victims of crime with immediate monetary support. The areas of assistance include up to three-night overnight emergency hotel stays, local travel, towing expenses, relocation/rental assistance, property loss reimbursement, and assistance with funeral expenses.

5. State Agency to receive requested funds : Department of Legal Affairs and Attorney General

State Agency Contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	
Total State Funds Requested	150,000

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	150,000	57.7%
Federal	0	0.0%
State (excluding the amount of this request)	80,000	30.8%
Local	30,000	11.5%
Other	0	0.0%
Total Project Costs for Fiscal Year 2019-2020	260,000	100.0%

8. Has this project previously received state funding? No

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

9. Is future-year funding likely to be requested? No

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		



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Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	Victim Advocacy Specialist, which is funded locally and by the VOCA grant.	10,000
Expense/Equipment/Travel/Supplies/Other	The areas of assistance include three-night emergency hotel stays, local travel, towing expenses, relocation/rental assistance, property loss reimbursement, and assistance with funeral expenses.	120,000
Consultants/Contracted Services/Study	Referrals	20,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		150,000

11. Program Performance:

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

The purpose of the funds is to provide assistance in areas that include three-night emergency hotel stays, local travel, towing expenses, relocation/rental assistance, property loss reimbursement, and assistance with funeral expenses.

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

Victims of crimes will receive assistance with emergency hotel stays, local travel, towing expenses, relocation/rental assistance, property loss reimbursement, and assistance with funeral expenses.

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

Victims of crimes will receive assistance with emergency hotel stays, local travel, towing expenses, relocation/rental assistance, property loss reimbursement, and assistance with funeral expenses.

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

North Miami residents who are victims of crimes

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

The expected benefit is to provide immediate assistance to victims of crimes through an emergency fund. There will be a database that assesses the number of persons served.

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 in the contract?

The penalty for not performing this project would require the reimbursement of state funds.

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



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relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Larry Spring
- b. **Organization:** City of North Miami
- c. **E-mail Address:** lspring@northmiamifl.gov
- d. **Phone Number:** (305)895-9898

14. Recipient Contact Information:

- a. **Organization:** City of North Miami
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Natasha Colebrook-Williams
- e. **E-mail Address:** ncolebrook-williams@northmiamifl.gov
- f. **Phone Number:** (305)895-9898

15. Lobbyist Contact Information

- a. **Name:** Ron Book
- b. **Firm Name:** Ronald Book, P.A.
- c. **E-mail Address:** ron@rlbookpa.com
- d. **Phone Number:** (305)935-1866