1. **Title of Project:** Mutualink Statewide Interoperability Project

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 03/17/2019

4. **Project/Program Description:**
   
   Increasing the situational awareness of first response agencies and thus providing quicker more efficient response time and knowledge of critical situations.

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

   State Agency Contacted? Yes

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>2,200,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>2,200,000</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>2,200,000</td>
<td>100.0%</td>
</tr>
<tr>
<td>Federal</td>
<td></td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td></td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td></td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>2,200,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

9. **Is future-year funding likely to be requested?** Yes
   
   a. If yes, indicate non-recurring amount per year. 3-10m over the next 5 years.

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

    | Spending Category Administrative Costs: | Description | Amount |
    |----------------------------------------|-------------|--------|
    | Executive Director/Project Head Salary and Benefits |             |        |
### The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

LFIR#: 2455

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**Operational Costs:**

<table>
<thead>
<tr>
<th>Expense/Equipment/Travel/Supplies/Other</th>
<th>Consultant/Contracted Services/Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary and Benefits</td>
<td>Computer hardware, software and licenses</td>
</tr>
</tbody>
</table>

2,200,000

**Fixed Capital Construction/Major Renovation:**

<table>
<thead>
<tr>
<th>Construction/Renovation/Land/Planning Engineering</th>
</tr>
</thead>
</table>

Total State Funds Requested (must equal total from question #6) 2,200,000

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11. Program Performance:

   a. **What is the specific purpose or goal that will be achieved by the funds requested?**
      
      Increasing the situational awareness of first response agencies and thus providing quicker more efficient response time and knowledge of critical situations in order to protect lives of citizens.

   b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
      
      The funds will secure the software, licenses and computer hardware needed for the technology.

   c. **What are the direct services to be provided to citizens by the appropriations project?**
      
      The funds will allow first responders to more efficiently access and protect citizens during emergencies.

   d. **Who is the target population served by this project? How many individuals are expected to be served?**
      
      The funds will not benefit a specific group, but the population of the State of Florida as a whole.

   e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
      
      The funds will allow first responders to more efficiently access and protect citizens during emergencies. Monitoring first responder data and tends in disaster response.

   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?**
      
      No additional penalties suggested

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:** Jeff Kelly

   b. **Organization:** Mutualink
c. **E-mail Address:** jkelly@mutualink.net  
   d. **Phone Number:** (401)965-4832

14. **Recipient Contact Information:**  
   a. **Organization:** Mutualink  
   b. **County:** Statewide  
   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:** Jeff Kelly  
   e. **E-mail Address:** jkelly@mutualink.net  
   f. **Phone Number:** (401)965-4832

15. **Lobbyist Contact Information**  
   a. **Name:** Mike Haridopolos  
   b. **Firm Name:** MUH Consulting  
   c. **E-mail Address:** mike@mhflorida.com  
   d. **Phone Number:** (321)525-1861