



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1254

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	3,500,000
Total State Funds Requested	3,500,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,500,000	70%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,500,000	30%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	5,000,000	100%

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

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?

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



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Will provide work to planners, engineers and contractors.	3,500,000
Total State Funds Requested (must equal total from question #6)		3,500,000

12. Program Performance

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

The funds will serve to construct a new Police Station with an EOC for the City of South Miami.

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

Provide safety and welfare to officers and visiting residents as the current Police Station does not have enough room for all our officers, EOC, Roll Call or holding cells.

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

Provide safety and welfare to officers and visiting residents

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

The Elderly, Persons with Poor Mental & Physical Health, Economically disadvantaged persons, Physically Disabled, Victims of Crimes and Residents and visiting residents. Expected individuals to be served is greater than 800.

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

Police presence throughout the City will maintain safety and will deter crimes from occurring. Current location is very difficult to enter and exit. The area will be better served with a police station. Will provide work to planners, engineers and contractors.
Reduce recidivism will help with the neighborhood. Reduce substance abuse. Diversion from Criminal/Juvenile Justice system.
Methodology: New hires and enforcement, Will provide a safer response, help with timing in case of emergency. Create immediate job opportunities with new hires and copies of payroll/cleared checks.

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?

Retraction of funding.



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13. 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.

Local Government



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- ☐ For Profit Entity
- ☐ Non Profit 501(c)(3)
- ☐ 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number