



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1597

1. Project Title

2. Senate Sponsor

3. Date of Request

**4. Project/Program Description**

Led by the Miami-Dade Police Department (MDPD), the requested funds will provide the necessary financial support to expand, create, and implement sustainable solutions to reduce violence including incidents of gun violence, shootings, and homicides in Miami-Dade County. Funds will be used to deliver law enforcement operations to reduce violence and support communities suffering its disproportionate impacts in Miami-Dade County. Direct services to be provided to residents include law enforcement operations as needed via analysis of crime trends, and may consist of the following: youth crime prevention and outreach programming; crisis response and threat management services; civilian cadet opportunities; intelligence analysis; and/or other law enforcement operations as needed.

5. State Agency to receive requested funds

State Agency contacted?

**6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	2,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>2,000,000</b>

**7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	2,000,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>4,000,000</b>	<b>100%</b>

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?



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

Miami-Dade County received \$2,608,188,975.73 to provide financial aid to, among others, small businesses, veterans, senior meals, restaurants, hotel workers, first responders, landlords, low-income tenants, nonprofits, and day care centers; county services and also direct distributions to Miami-Dade municipalities.

## 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    
  N/A

**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	Overtime to provide law enforcement operations to reduce violence and support communities suffering its disproportionate impacts in Miami-Dade County	2,000,000
Expense/Equipment/Travel/Supplies/Other		0
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>2,000,000</b>

### 14. Program Performance

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



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

Activities and services to be provided to residents include law enforcement operations as needed via analysis of crime trends, and may consist of the following: youth crime prevention and outreach programming; crisis response and threat management services; civilian cadet opportunities; intelligence analysis; and/or other law enforcement operations as needed.

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

Direct services to be provided to residents include law enforcement operations as needed via analysis of crime trends, and may consist of the following: youth crime prevention and outreach programming; crisis response and threat management services; civilian cadet opportunities; intelligence analysis; and/or other law enforcement operations as needed.

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

All residents and visitors to Miami-Dade County, with a focus on persons residing in our most vulnerable high-crime communities

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

Benefits include increased public safety and reduced crime in Miami-Dade County. If funding is not provided, the Miami-Dade Police Department will be limited in its response and efforts to implement anti-violence initiatives to stem the community violence and gun violence that is currently plaguing our community. Benefits will be measured via crime statistics.

**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?**

Failure to meet deliverables will result in nonpayment.

**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)
- Non Profit 501(c)(4)
- Local Entity



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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**