



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2794

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

The State Attorney's Office, 11th Judicial Circuit, (SAO11), seeks funding to support a task force dedicated to investigating and prosecuting financial crimes committed by property managers, board members, and employees working for home owner associations in Miami Dade County. The task force would investigate associations organized under Florida Statutes 718 and 720. Currently, there is a lack of trained personnel that understand the complex laws and administrative procedures involved in running a home owners association. As a result, Condominium/HOA boards, property managers, and their attorneys are able to slow or prevent thorough investigations into crimes alleged or potentially committed.

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	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</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)	500,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>500,000</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.**
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**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.

## 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.

N/A

### 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	1 investigator 1 prosecution support specialist (forensic accountant) 1 assistant state attorney	342,676
Expense/Equipment/Travel/Supplies/Other	One rental vehicle for investigator, radio, gun, jacket, computer aircards, laptop, hard drives, analytical software, scanner, USB's for data retrieval, costs associated with records requests and subpoenas for civil court records, financial records from Condominiums/HOA's and third parties, and court reporting services for witness interviews.	157,324
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>500,000</b>

### 14. Program Performance

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

The arrest and prosecution of persons responsible for the theft of millions of dollars of homeowner funds.



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

The investigation and prosecution of complex financial crimes. Additionally, community outreach meetings for board members and Florida homeowners to prevent and/or uncover financial crimes within their associations.

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

Investigation of complaints and resulting prosecutions. Community outreach and training for board members and homeowners to prevent and/or uncover financial crimes within their associations. Prevent fraudulent transfers of property, including improper foreclosures, and the associations' financial collapse.

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

Approximately half of Florida's residents live in condominiums or HOA's. This task force will assist Miami-Dade homeowners of properties in deed-restricted communities and condominiums defined by Florida Statutes 718 and 720.

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

The arrest and prosecution of persons responsible for the theft of homeowner funds. The initial arrests and prosecutions would help restore community confidence in the ownership of condominiums and HOA housing. Success can be measured by many different results, including the number of investigations, successful prosecutions, restoration of rightful deed ownership, legally conducted elections, and preservation of homeowner reserves. As an example, there is a likelihood that many of these investigation and cases would end with restitution being made to property owner victims, resulting in maintenance fees being maintained at reasonable levels rather the ever-increasing rate owners presently are facing.

**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?**

Release of funds based on failure to meet project milestones.

**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
- University or College



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LFIR # 2794

Other (please specify) State Agency

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