

LFIR # 1013

1.	Project Title	MDSO Preventin	g Public Corr	uption			
2.	Senate Sponsor	Ileana Garcia					
3.	Date of Request	10/23/2025					
4.	Project/Program De	escription					
	The cornerstone of and criminal conspira County employees, political Miami-Dade Sheriff's activity which could be	acy in Miami-Dade (police officers, lobby office strives to eff	County through ists, and prive investigation in the country investigation in the country investigation in the country in the c	jh inve ate ve stigate	estigating acts of crime ndors conducting but allegations of misco	ninal misconduct in siness with Miami- nduct, corruption, a	and other criminal
5.	State Agency to rec	ceive requested fur	n ds Dep	oartme	ent of Law Enforceme	ent	
	State Agency conta	cted? No					
6. /	Amount of the Nonr	ecurrina Reauest :	for Fiscal Ye	ar 202	26-2027		
	Type of Funding				Amo	unt	1
	Operating				Allio	500,000	
	Fixed Capital Outlay	,				(
	Total State Funds F					500,000	
7. '	Total Project Cost fo	or Fiscal Year 2026	S-2027 (includ	dina n	notohina fundo ovo	ilable for this pro	ioot\
- • 	•		7 2027 (111010)	unig n	_	•	ject) □
· •	Type of Funding		`		Amount	Percentage	
	Type of Funding Total State Funds Re		`		_	•	
	Type of Funding Total State Funds Ro		`		Amount 500,000	Percentage 50%	
	Type of Funding Total State Funds Ro Matching Funds Federal	equested (from ques	stion #6)		Amount 500,000	Percentage 50%	
	Type of Funding Total State Funds Ro Matching Funds Federal State (excluding the	equested (from ques	stion #6)		Amount 500,000	Percentage 50% 0% 0%	
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local	equested (from ques	stion #6)		Amount 500,000 0 0 500,000	Percentage 50% 0% 0% 50%	
	Type of Funding Total State Funds Ro Matching Funds Federal State (excluding the	equested (from quested amount of this requ	stion #6) est)		Amount 500,000 0 0 500,000 0	Percentage 50% 0% 0%	
8.	Type of Funding Total State Funds Ro Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre- If yes, provide the r	equested (from questamount of this requested) for Fiscal Year 20 eviously received seriously received seri	est) 26-2027 state funding ce:		Amount 500,000 0 0 500,000 0 1,000,000 Yes	Percentage 50% 0% 50% 100%	
8.	Type of Funding Total State Funds Ro Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre	equested (from quested amount of this requested for Fiscal Year 20 eviously received smost recent instan	est) 26-2027 State funding ce:	?	Amount 500,000 0 500,000 0 1,000,000	Percentage 50% 0% 0% 50% 0%	
8.	Type of Funding Total State Funds Ro Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the research of the rese	equested (from questamount of this requested) for Fiscal Year 20 eviously received seriously received seri	est) 26-2027 state funding ce: unt Nonrecurri	?	Amount 500,000 0 0 500,000 1,000,000 Yes	Percentage 50% 0% 50% 100%	
8.	Type of Funding Total State Funds Ro Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the re (yyyy-yy)	amount of this requested (from quested amount of this requested for Fiscal Year 20 eviously received smost recent instan Amo Recurring 0 ong likely to be requested amount on the requested for Fiscal Year 20 eviously received smost recent instan amount for Fiscal Year 20 eviously received smost recent instan amount for Fiscal Year 20 eviously received smooth for Fiscal Yea	estion #6) 26-2027 State funding ce: unt Nonrecurri 35 uested? nt per year.	? ing 0,000	Amount 500,000 0 500,000 0 500,000 1,000,000 Yes Specific Appropriation # 1177 No	Percentage 50% 0% 0% 50% 100% Vetoed Yes	



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Status of Construction						
a. What is the current phase of t	he project?					
O Planning O Design	○ Construction ○ N/A					
o. Is the project "shovel ready" ((i.e permitted)?					
c. What is the estimated start da	te of construction?					
d. What is the estimated comple	tion date of construction?					
e. What funding stream will be u	sed for ongoing operations and maintenance of the project?					
List the owners of the facility to relationship between the owne	o receive, directly or indirectly, any fixed capital outlay funding. Inc rs of the facility and the entity.	lude the				
Details on how the requested st	tate funds will be expended Description	Amount				
Administrative Costs:						
Executive Director/Project Head Salary and Benefits		(
Other Salary and Benefits		(
Expense/Equipment/Travel/Supplies/Other		(
Consultants/Contracted Services/Study		(
Operational Costs						
Salary and Benefits	To conduct police operations against public corruption and criminal conspiracy in Miami-Dade County through investigating acts of criminal misconduct involving public officials, County employees, police officers, lobbyists, and private vendors conducting business with Miami-Dade County	500,000				
Expense/Equipment/Travel/Supplies/Other		(
Consultants/Contracted Services/Study		(
ixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering		(
Total State Funds Requested (I	must equal total from question #6)	500,000				
	al will be achieved by the funds requested?					
	will be provided to meet the intended purpose of these funds?					
b. What activities and services Increased law enforcement and	will be provided to meet the intended purpose of these funds?					



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C.	. What direct services will be provided to citizens by the appropriation project?
I	ncreased law enforcement and public safety operations
d	. Who is the target population served by this project? How many individuals are expected to be served?
1	All residents and visitors in Miami-Dade County; over 5 million persons
	. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will e measured?
l a	Reduction in public corruption incidents, increased public trust in Miami-Dade County, and increased law enforcement and public safety operations as measured by MDSO tracking data
	What are the suggested penalties that the contracting agency may consider in addition to its standard penaltion for failing to meet deliverables or performance measures provided for in the contract?
F	Failure to meet deliverables will result in complete or partial termination of contract
14. Is	this project related to mitigation, response, or recovery from a natural disaster? No
a. I	If Yes, what phase best describes the project?
	Mitigation (reducing or eliminating potential loss of life or property)
	Response (addressing the immediate and short-term effects of a natural disaster)
	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
b. I	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
	,
15. H	as the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	No
	No, but intends to apply
a. I	If yes, provide the FEMA project worksheet ID#:
b. l	Provide the total project cost listed on the FEMA project worksheet:
16 📙	as the entity applied for or received state assistance for this project (other than this request)?
	Yes, Applied
	Yes, Received
	No No
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☐ No, but intends to a. If yes, specify the		n and state age	ncy (ex. Loca	al Governme	nt Emergenc	v Bridge I o	an Denai
Commerce):	e program	i and state agei	ncy (ex. Loca	ii Governine	in Linergene	by Bridge Lo	an, Depai
7. Requester Contact		ion] . [0 1 0		7	
a. First Name	Rosie			Cordero-Stu	tz]	
b. Organization	Miami-Dade Sheriff's Office]	
	SheriffRosie@mdso.com						
d. Phone Number	(305)471	-3518	Ext.				
3. Recipient Contact	Informatio	on					
a. Organization		ade Sheriff's Offic	<u></u>				
b. Municipality and		Miami-Dade					
	-	Miami-Daue					
c. Organization Ty	pe						
□For Profit Entity							
□Non Profit 501(d	c)(3)						
□Non Profit 501(d							
□Local Entity							
□University or Co	llege						
☑Other (please sp	-	ariff's Offica					
MOther (please sp	Jechy) One						
d. First Name	Dorcas		Last Name	Perez			
e. E-mail Address	dmperez	@mdso.com					
f. Phone Number	(305)216	-4098	Ext.				
). Lobbyist Contact I	nformatio	n					
a. Name	Erin Daly Ballas						
b. Firm Name	Public Affairs Consultants						
c. E-mail Address	erinballas@paconsultants.com						
d Phone Number	(850)681	-1065					

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.