

**LFIR # 1386** 

| 1. Project Title   | Town of Longboat Key                              | Body Worn C     | Camera Project       |                      |      |  |  |
|--|---|-----------------|----------------------|----------------------|------|--|--|
| 2. Senate Sponsor  | Joe Gruters                                       |                 |                      |                      |      |  |  |
| 3. Date of Request   | 11/25/2025  |                 |                      |                      |      |  |  |
| 4. Project/Program D   | escription  |                 |                      |                      |      |  |  |
| The Longboat Key Police Department aims to enhance transparency and accountability in officer-citizen interactions by securing funding for body-worn cameras (BWC). The absence of body-worn cameras poses risks of disputes, evidence gaps, and community trust issues. Implementing BWC's would help mitigate these concerns and improve both officer safety and public trust. |   |                 |                      |                      |      |  |  |
| 5. State Agency to re-   | ceive requested funds                             | Departme        | ent of Law Enforceme | nt                   |      |  |  |
| State Agency conta   | acted? No   |                 |                      |                      |      |  |  |
| 6. Amount of the Non   | recurring Request for Fis                         | scal Year 202   | 26-2027              |                      |      |  |  |
| Type of Funding  |   |                 | Amou                 | unt                  |      |  |  |
| Operating  |   |                 |                      | 100,000              |      |  |  |
| Fixed Capital Outlay   |   |                 |                      | 0                    |      |  |  |
| Total State Funds Requested  |   |                 |                      | 100,000              |      |  |  |
| 7. Total Project Cost f  | or Fiscal Year 2026-2027                          | (including r    | matching funds avai  | lable for this proje | ect) |  |  |
| Type of Funding  |   |                 | Amount               | Percentage           |      |  |  |
| Total State Funds Requested (from question #6)   |   | <sup>1</sup> 6) | 100,000 100%         |                      |      |  |  |
| Matching Funds   |   |                 |                      |                      |      |  |  |
| Federal  |   |                 | 0                    | 0%                   |      |  |  |
|  | amount of this request)                           |                 | 0                    | 0%<br>0%             |      |  |  |
| Local  |   |                 | 0                    |                      |      |  |  |
| Other  |   |                 | 0                    | 0%                   |      |  |  |
| <b>Total Project Costs</b>   | s for Fiscal Year 2026-202                        | 27              | 100,000              | 100%                 |      |  |  |
|  | eviously received state for most recent instance: | unding?         | No                   |                      |      |  |  |
| Fiscal Year  | Amount  |                 | Specific             | Vetoed               |      |  |  |
| (уууу-уу)  | Recurring Non                                     | recurring       | Appropriation #      |                      |      |  |  |
|  |   |                 |                      |                      |      |  |  |
| •  | ing likely to be requested                        |                 | No                   |                      |      |  |  |
| a. If yes, indicate n  | a. If yes, indicate nonrecurring amount per year. |                 |                      |                      |      |  |  |
| b. Describe the so   | urce of funding that can                          | be used in li   | eu of state funding. |                      |      |  |  |
|  |   |                 |                      |                      |      |  |  |
|  |   |                 |                      |                      | •    |  |  |



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10. Status of Construction

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| a  | a. What is the cur  | rent phase of th  | e project?                                    |           |                   |                       |         |
|----|---|-------------------|---|-----------|-------------------|-----------------------|---------|
|    | Planning  | O Design          | Construction                                  | N/A       |                   |                       |         |
| k  | o. Is the project "s                                      | shovel ready" (i. | e permitted)?                                 |           |                   |                       |         |
| C  | c. What is the esti                                       | imated start date | e of construction?                            |           |                   |                       |         |
| c  | d. What is the estimated completion date of construction? |                   |   |           |                   |                       |         |
| e  | e. What funding s   | tream will be us  | sed for ongoing ope                           | rations a | nd maintenance of | the project?          |         |
|    |   |                   |   |           |                   |                       |         |
| 1. |   |                   | receive, directly or<br>s of the facility and |           |                   | outlay funding. Inclu | ide the |
|    | N/A   |                   |   |           |                   |                       |         |
|    |   |                   |   |           |                   |                       |         |

### 12. Details on how the requested state funds will be expended

| Spending Category   | Description   |         |  |  |  |  |
|---|---|---------|--|--|--|--|
| Administrative Costs:   |   |         |  |  |  |  |
| Executive Director/Project Head Salary and Benefits                     |   | 0       |  |  |  |  |
| Other Salary and Benefits   |   | 0       |  |  |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other                             |   | 0       |  |  |  |  |
| Consultants/Contracted<br>Services/Study                                |   | 0       |  |  |  |  |
| Operational Costs   |   |         |  |  |  |  |
| Salary and Benefits   |   | 0       |  |  |  |  |
| Expense/Equipment/Travel/Supplies/Other                                 | (20) Axon Body worn cameras with accessories and video software. The contract comes with a 5-year maintenance contract. | 100,000 |  |  |  |  |
| Consultants/Contracted<br>Services/Study                                |   | 0       |  |  |  |  |
| Fixed Capital Construction/Major Renovation:                            |   |         |  |  |  |  |
| Construction/Renovation/Land/<br>Planning Engineering                   |   | 0       |  |  |  |  |
| Total State Funds Requested (must equal total from question #6) 100,000 |   |         |  |  |  |  |

### 13. Program Performance

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

The project aims to enhance transparency and accountability in officer-citizen interactions by securing funding for body-worn cameras (BWC). The absence of body-worn cameras poses risks of disputes, evidence gaps, and community trust issues. Implementing BWC's would help mitigate these concerns and improve both officer safety and public trust.

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



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By equipping our officers with body-worn cameras, we aim to provide accurate and transparent documentation of interactions with law enforcement and the community. This program aligns perfectly with our commitment to community oriented policing by addressing key areas such as evidence collection, officer training and public trust. This program

will help LBKPD meet the highest standards of accountability and service to the community.

c. What direct services will be provided to citizens by the appropriation project? Body-worn cameras solve our key issues by providing clear recordings of police interactions. They boost transparency, build community trust and ensure proper evidence collection making policing more accountable and professional. d. Who is the target population served by this project? How many individuals are expected to be served? All citizens, visitors and residents of the Town of Longboat Key. e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? The implementation of the program will be methodical. First, we will begin with a pilot programs in which a select group of officers will test the cameras in daily patrol operations. This phase will enable us to refine our policies based on feedback as well as address technical issues before full deployment. Next we will proceed with a full department-wide implementation which will include training, data management and community outreach showcasing the benefits of BWC's. 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? If an applicant is not meeting its deliverables or performance measures, then it should not be reimbursed the project expenditures. If funds are awarded upfront, the applicant shall return funds for unmet deliverables/performance measures. 14. Is this project related to mitigation, response, or recovery from a natural disaster? No a. 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. Name of the natural disaster (or Executive Order # for events not under a federal declaration): 15. Has the entity applied for or received federal assistance for this project? ☐ Yes, Applied ☐ Yes, Received □ No □ No, but intends to apply a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:



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| 16. Has the entity app              | olied for or received state | assistance    | for this projec | t (other than | this request)? | ,  |
|-------------------------------------|-----------------------------|---------------|-----------------|---------------|----------------|----|
| ☐ Yes, Applied                      |                             |               |                 |               |                |    |
| ☐ Yes, Received                     |                             |               |                 |               |                |    |
| □ No                                |                             |               |                 |               |                |    |
| ☐ No, but intends to                | o annly                     |               |                 |               |                |    |
|                                     | e program and state ager    | ncy (ex. Loca | al Governmen    | t Emergency   | Bridge Loan,   | De |
| 17. Requester Contact               | t Information               |               |                 |               |                |    |
| a. First Name                       | Howard                      | Last Name     | Tipton          |               |                |    |
| b. Organization                     | Town of Longboat Key        |               |                 |               |                |    |
| c. E-mail Address                   | htipton@longboatkey.org     | _             |                 |               |                |    |
| d. Phone Number                     | (941)316-1999               | Ext.          |                 |               |                |    |
| a. Organization b. Municipality and | -                           |               |                 |               |                |    |
| c. Organization Ty                  | -                           |               |                 |               |                |    |
| □For Profit Entity                  |                             |               |                 |               |                |    |
| □Non Profit 501(c                   |                             |               |                 |               |                |    |
| □Non Profit 501(d                   | 5)(4)                       |               |                 |               |                |    |
| ☑Local Entity                       |                             |               |                 |               |                |    |
| □University or Co                   | ollege                      |               |                 |               |                |    |
| □Other (please sp                   | pecify)                     |               |                 |               |                |    |
| d. First Name                       | Kalee                       | Last Name     | Zavela          |               |                |    |
| e. E-mail Address                   | kzavela@longboatkey.org     | 9             |                 |               |                |    |
| f. Phone Number                     | (941)316-1999               | Ext.          |                 |               |                |    |
| 19. Lobbyist Contact I              | Information                 |               |                 | 7             |                |    |
| a. Name                             | David E. Ramba              |               |                 |               |                |    |
| b. Firm Name                        | Ramba Consulting Group      | LLC           |                 |               |                |    |



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| c. E-mail Address | ail Address rachel@rambaconsulting.com |  |
|-------------------|--|--|
| d. Phone Number   | (850)727-7087                          |  |

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