



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1553

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Perry Police Department requests \$250,000 in state funding for planning and design of a new Evidence Management and Security Facility to bring the City into compliance with modern forensic and statutory standards. Current conditions are cramped, fragmented, and outdated, place the integrity of evidence and officer safety at risk. This investment will fund professional design plans for a secure, compliant, and expandable facility that protects public trust in the justice system.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	250,000
<b>Total State Funds Requested</b>	<b>250,000</b>

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	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 2026-2027</b>	<b>250,000</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

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

9. Is future-year 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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## Complete questions 10 and 11 for Fixed Capital Outlay Projects

### 10. 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)?

No

c. What is the estimated start date of construction?

05/01/2027

d. What is the estimated completion date of construction?

05/01/2029

e. What funding stream will be used for ongoing operations and maintenance of the project?

City of Perry Operating Budget

11. 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.

City of Perry

### 12. 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</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Planning and design of a new Evidence Management and Security Facility	250,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>250,000</b>

### 13. Program Performance

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

The Perry Police Department requests \$250,000 in state funding for planning and design of a new Evidence Management and Security Facility to bring the City into compliance with modern forensic and statutory standards.

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

Current conditions are cramped, fragmented, and outdated, place the integrity of evidence and officer safety at risk.



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

This investment will fund professional design plans for a secure, compliant, and expandable facility that protects public trust in the justice system.

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

General Public all residents of the City.

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

The new facility will incorporate dedicated, specialized zones essential for modern forensic compliance: a controlled biohazard drying area, a designated space for the safe packaging of dangerous evidence, and a properly filtered and climate-controlled environment specifically for the secure storage of narcotics and other sensitive materials. Measured by reduced conviction times and officer feedback.

**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?**

Return of State Funds

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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 infrastructure)

**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:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- ☐ Yes, Applied
- ☐ Yes, Received



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☐ No

☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

#### 17. Requester Contact Information

a. First Name  Last Name   
b. Organization   
c. E-mail Address   
d. Phone Number  Ext.

#### 18. 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  Ext.

#### 19. Lobbyist Contact Information

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number



# **The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027**

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