



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1640

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project upgrades safety and security infrastructure at four community re-entry centers through the installation of modern high-resolution security cameras, encrypted two-way emergency communication radios, and electronic access-control systems utilizing staff proximity fobs. These equipment upgrades will enhance staff safety, reduce security risks, improve emergency response times, and strengthen supervision and accountability for individuals transitioning from incarceration back into the community.

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	250,000
Fixed Capital Outlay	0
<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.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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#### 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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

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.

#### 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	Funds will be used for equipment purchases and installation, including: <ul style="list-style-type: none"><li>• High-resolution digital security cameras and video storage systems</li><li>• Encrypted digital two-way radios, repeaters, and charging stations</li><li>• Electronic access-control systems with proximity fobs, secure door strikes, and audit logs</li><li>• Complete installation, configuration, and integration at four re-entry centers</li></ul>	250,000
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>250,000</b>

#### 13. Program Performance

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

The goal of this project is to increase safety and security at four community-based re-entry centers by modernizing surveillance, communication, and controlled-access systems. The upgraded camera networks, encrypted radios, and electronic access controls will reduce security risks, improve emergency response coordination, and strengthen the safe reintegration process for individuals transitioning from incarceration back into the workforce and community.



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

This project provides upgraded surveillance, secure facility access management, and improved emergency communication between staff. These systems support safer daily operations, enable rapid response to incidents, and enhance supervision of residents in work-release programming.

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

Citizens benefit through increased facility safety, reduced incidents, and improved re-entry stability for individuals returning to the community. Enhanced supervision and communication help ensure safer reintegration, reduce risks to staff and residents, and support positive outcomes for returning citizens.

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

Currently or formerly incarcerated persons, Economically disadvantaged persons, Drug offenders (in criminal justice), Persons with poor mental health, Persons with poor physical health, Homeless. 500-800 individuals annually across four re-entry centers.

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

Protect the general public from harm. Measure: Reduction in safety incidents and security breaches, including fewer unauthorized access attempts, fewer disturbances, and enhanced ability to detect suspicious activity. Method: Review incident reports, response times, and security logs pre- and post-installation to measure improvements in safety and emergency response. Improve mental health Measure: Increased resident and staff perception of safety, which supports emotional stability and reduces anxiety-driven behavioral incidents. Method: Conduct resident and staff safety surveys; review behavioral notes and mental-health incident logs. Reduce recidivism Measure: Increased compliance and successful program completion, with reductions in rule violations, unauthorized movement, and supervision-related infractions due to improved monitoring and communication. Method: Compare pre- and post-upgrade recidivism indicators, DOC compliance reports, violation logs, and program completion data.

**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 funds are not used in accordance with the approved scope, procurement requirements, or allowable uses, the contracting agency may terminate the agreement and require repayment of any disbursed funds not spent on the authorized safety and security equipment.

**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



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☐ 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

☐ 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)



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