



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Historic Miramar Public Safety Complex

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 01/04/2018

4. **Project/Program Description:**

This project entails the construction of a multi-service Police facility in the Historic Miramar area to provide increased Police presence and community involvement. This project will include a new 24,000 sq. ft. building complex in Historic Miramar to accommodate the Historic District Police Substation, to enhance security in the high crime area of the City. This project will accommodate the Historic District Police Substation, Crime Lab and Evidence Storage, and Logistics at one central location, for investigation, and to provide security, safety, emergency response, and police presence.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Law Enforcement

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	850,000	850,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	850,000	50.0%
Other	0	0.0%
TOTAL	850,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,700,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)



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- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

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

Building of public safety complex in target area.

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

Police substation, crime lab and evidence storage, and logistics; police patrol; safety/security to target area.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Architectural/Engineering services	850,000
TOTAL		850,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Enhanced police presence and emergency response.

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

Economically disadvantaged residents; >800 residents anticipated to be served.

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

Alleviate crime in the area; less arrests. Documentation of responses/reductions/assistance.

**g. 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?**

NONE

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

City of Miramar. Same.

**13. Requestor Contact Information:**

- a. **Name:** Kathleen Woods-Richardson
- b. **Organization:** City of Miramar
- c. **Email:** kwoodsrichardson@miramarfl.gov
- d. **Phone Number:** (954)602-3115

**14. Recipient Contact Information:**

- a. **Organization:** City of Miramar
- b. **County:** Broward
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☐ Local Entity



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☐ University or College

☒ Other (Please specify) Municipality

**d. Contact Name:** Kathleen Woods-Richardson

**e. E-mail Address:** kwoodsrichardson@miramarfl.gov

**f. Phone Number:** (954)602-3115

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** Ronald L. Book

**b. Firm:** Ronald L. Book, P.A.

**c. Email:** ron@rlbookpa.com

**d. Phone Number:** (305)935-1866