



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Mutualink Statewide Interoperability Project

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 01/18/2018

4. **Project/Program Description:**

Increasing the situational awareness of first response agencies and thus providing quicker more efficient response time and knowledge of critical situations in order to protect lives of citizens.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Law Enforcement

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

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
2,200,000		2,200,000

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,200,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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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?

Yes

a. If yes, indicate non-recurring amount per year.

3-10m over the next 5 years.

11. Program Performance:

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

Increasing the situational awareness of first response agencies and thus providing quicker more efficient response time and knowledge of critical situations in order to protect lives of citizens.

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

The funds will secure the software, licenses and computer hardware needed for the technology.

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 checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Computer hardware, software and licenses	2,200,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		2,200,000

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

The funds will allow first responders to more efficiently access and protect citizens during emergencies.

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

The funds will not benefit a specific group, but the population of the State of Florida as a whole.

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

The funds will allow first responders to more efficiently access and protect citizens during emergencies.
Monitoring first responder data and trends in disaster response.

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?

No additional penalties suggested

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.

N/A

13. Requestor Contact Information:

- a. Name: Jeff Kelly
- b. Organization: Mutualink
- c. Email: jkelly@mutualink.net
- d. Phone Number: (401)965-4832

14. Recipient Contact Information:

- a. Organization: Mutualink
- b. County: Statewide
- c. Organization Type:
 - ☒ For Profit
 - ☐ Non Profit 501(c) (3)



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- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Jeff Kelly

e. E-mail Address: jkelly@mutualink.net

f. Phone Number: (401)965-4832

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

a. Name: Mike Haridopolos

b. Firm: MJH Consulting

c. Email: mike@mhflorida.com

d. Phone Number: (321)525-1861