



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Shoplifting Diversion Pilot Program

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 01/22/2018

4. **Project/Program Description:**

Pilot to help address the shoplifting epidemic using a jail diversion program with new technology.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? State Court System

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
750,000		750,000

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):** 750,000

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.

FY:	Input Prior FY Appropriation for this project for FY 2017-18
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	(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.

Total project cost estimated to be between \$1,000,000 - \$3,000,000 over two years

11. Program Performance:

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

Electronic monitoring will help reduce repeat offenders and save retail stores and taxpayers money in the project.

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

Electronic Monitoring and reporting to probation officer or appropriate monitoring agency.

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 checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Ankle bracelet equipment and monitoring	750,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

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

Electronic monitoring will help reduce repeat offenders and save retail stores and taxpayers money in the project

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

At risk youth, drug users (health and criminal system), current or formerly incarcerated persons, victims of crime.

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

Reduced recidivism by deterring repeat offenders and reduced substance abuse because majority of shoplifters steal for drugs. The program will also reduce jail and court costs by diverting offenders from the criminal/juvenile justice system.

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?

Return of state funds.

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.

Store Saver

13. Requestor Contact Information:

- a. Name: Rick Baum
- b. Organization: Store Saver
- c. Email: rick@store-saver.com
- d. Phone Number: (561)526-6700

14. Recipient Contact Information:

- a. Organization: Store Saver, LLC



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b. County: Broward, Duval, Seminole

c. Organization Type:

- ☒ For Profit
- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Rick Baum

e. E-mail Address: rick@store-saver.com

f. Phone Number: (561)526-6700

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

a. Name: Travis Blanton

b. Firm: Johnson & Blanton

c. Email: travis@teamjb.com

d. Phone Number: (850)224-1900