



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Electronic Monitoring

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 01/29/2018

4. **Project/Program Description:**

GR added to existing GR for work release centers for electronic monitoring of inmates in department owned work release centers while they are in community.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Corrections

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
1,888,556		1,888,556

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):** 1,888,556

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

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

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. 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:	4,600,000		4,600,000

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

Yes

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

Yes, \$1,888,556.00

11. Program Performance:

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

Increased safety to the community and accountability of DOC inmates while free in the community during work release programs.

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

Active electronic monitoring, GPS location tracking and notifications to DOC.

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 checked="" type="checkbox"/> Consultants/Contracted Services/Study	Monitoring Services and Equipment	1,886,556
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,886,556

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

Increased safety to the community while inmates are on work release and accountability with real-time monitoring of the inmates.

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

Approximately 835 inmates assigned over 7 work release centers.

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

835 monitored inmates reducing the threat of walk-aways and increasing accountability of the inmates while in community.

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?

Contractual compliance penalties.

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.

No relation ship between owners of facility.

13. Requestor Contact Information:

- a. **Name:** Rachel Semago
- b. **Organization:** attenti
- c. **Email:** resemago@mmm.com
- d. **Phone Number:** (813)749-5454

14. Recipient Contact Information:

- a. **Organization:** attenti
- b. **County:** Statewide
- c. **Organization Type:**
 - ☒ For Profit



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

d. Contact Name: Rachel Semago

e. E-mail Address: resemago@mmm.com

f. Phone Number: (813)749-5454

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

a. Name: Stacy Arias

b. Firm: Southern Strategy Group

c. Email: arias@sostrategy.com

d. Phone Number: (850)567-2776