



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1257

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Purchase of tasers, firearms, fingerprint pads, police radios, PCs, slings, a mobile command system, and other devices aimed to provide improved protection services.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	350,000
Fixed Capital Outlay	0
Total State Funds Requested	350,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	350,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	175,000	25%
Other	175,000	25%
Total Project Costs for Fiscal Year 2021-2022	700,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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Operating Reimbursements for Hazard Pay - \$11,164.84, Remote Work - \$13,571.15, and Police Operating - \$41,856.64

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Purchase of tasers, firearms, fingerprint pads, police radios, PCs, slings, a mobile command system, and other devices aimed to provide improved protection services.	350,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		350,000

12. Program Performance

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

To enhance the technology used while serving the citizens of Opa-locka, FL and acquire additional devices, to expand criminal investigation efforts. Once known as having the highest crime rate in the United States, Opa-locka's current administration is working to change its relationship within the community and increase accountability among police personnel.

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

Public Safety activities to include quicker incident response times and more efficient incident reporting.

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

Expedited report filing and records request processes and enhanced cyber security.

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

The funds will benefit the community-at-large.

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

Protect the public from harm (environmental, criminal, etc.).

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 the contract?

Re-prioritize the appropriation requests.



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13. 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.

City of Opa-locka



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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)

d. First Name Last Name

e. E-mail Address

f. Phone Number

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number