

LFIR # 1284

I. Project Title	Project Cold Cas	se				
2. Senate Sponsor	Aaron Bean					
B. Date of Request	02/06/2021					
. Project/Program De	escription					
There are an unkno database of cases (a consulting with expe	already started), pro	vide training fo	r establis	hing cold case u	quantify that numbonits where they dor	er and then prov
. State Agency to red	ceive requested fu	<b>nds</b> Depai	tment of	Law Enforcemer	nt	
State Agency conta	icted? Yes					
. Amount of the Noni	recurring Request	for Fiscal Yea	r 2021-20	)22		
Type of Funding				Amo	unt	
Operations					150,000	
Fixed Capital Outlay	•				0	
<b>Total State Funds F</b>	Requested				150,000	
Total Project Cost f	or Fiscal Year 202	1-2022 (includ				ect)
Type of Funding			Α	mount	Percentage	
Total State Funds R	equested (from que	stion #6)		150,000	55%	
Matching Funds						
Federal				0	0%	
State (excluding the	amount of this requ	iest)		86,000	32%	
Local				0	0%	
Other				35,000	13%	
Total Project Costs	for Fiscal Year 20	21-2022		271,000	100%	
. Has this project pre	eviously received	state funding?	Yes			
Fiscal Year	Amo		Δn	Specific Appropriation #	Vetoed	
(уууу-уу)	Recurring	Nonrecurrin	ig ·	• •	<b>.</b>	
2020-21	0	150	,000	1261	No	l
. Is future funding lik	celv to be requeste	ed?	No			
J	•					1
a. If yes, indicate n	onrecurring amou	nt per year.				I
b. Describe the sou	arce of funding tha	it can be used	in lieu o	f state funding.		
0. Has the entity req	uesting this projec	ct received any	/ federal	assistance rela	ted to the COVID-	19 pandemic?
No						
If yes, indicate the	amount of funds	received and w	vhat the f	unds were use	d for	
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### 11. Details on how the requested state funds will be expended

Spending Category	Description	Amount	
Administrative Costs:			
Executive Director/Project Head Salary and Benefits	A portion of funds will be used to pay the executive directors salary but only for specific duties not related to direct victim services (i.e. law enforcement trainings, conference presentations, cold case reviews, etc.)	26,000	
Other Salary and Benefits		0	
Expense/Equipment/Travel/Supplies/ Other		0	
Consultants/Contracted Services/Study		0	
Operational Costs: Other			
Salary and Benefits	Law enforcement liaison to work with detectives on cold case strategies, setting up a cold case unit, reviewing cases and offering expertise.	41,600	
Expense/Equipment/Travel/Supplies/ Other	Traveling to law enforcement agencies and conferences for training, update computers, office supplies and training materials.	49,700	
Consultants/Contracted Services/Study	Mental heath counseling services for staff self-care, facilitated support meeting and events. Marketing services.	32,700	
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering		0	
Total State Funds Requested (m	ust equal total from question #6)	150,000	

### 12. Program Performance

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

Resolve unsolved homicides in Florida. Help families affected by unsolved homicides to heal and reenter the workforce.

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

We will hold trainings, speak at conferences and assist in reviewing cold cases for any and all law enforcement agency in the state. We will provide contracted mental health professionals to help families affected by the loss of a loved one to an unsolved homicide.

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

Raised awareness for their loved ones cases. Fresh eyes on the cases. Individual and group facilitated counseling.

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

Victims of crime - specifically families of unsolved homicide victims.

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

Safer communities, better mental health for victims' family members. Added jobs.

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?

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relationship between the owners of the facility and the entity.
NI/A

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the

N/A		
NI/Δ		
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14. Requestor Contact Information									
	a. First Name	Ryan		Last Name	Backmann				
	b. Organization	Project Cold Case, Inc.							
	c. E-mail Address	ryanbproj	ryanbprojectcoldcase.org						
	d. Phone Number	(904)514	-9847	Ext.					
15.	Recipient Contact	Informatio	on						
	a. Organization								
	b. Municipality and	I County	Statewide						
	c. Organization Ty	ре							
	□For Profit Entity								
	☑Non Profit 501(c)(3)								
	□Non Profit 501(c)(4)								
	□Local Entity								
	□University or College								
	□Other (please specify)								
	d. First Name	Ryan		Last Name	Backmann				
	e. E-mail Address	ess ryanbprojectcoldcase.org							
	f. Phone Number	(904)514-9847							
16.	16. Lobbyist Contact Information								
	a. Name	None							
	b. Firm Name	None							
	c. E-mail Address	\$							
	d. Phone Number	r							