

LFIR # 1923

Total State Fur Matching Fund Federal State (excludin Local Other Total Project (8. Has this project (yyyy-yy) 9. Is future fundi a. If yes, indic	ds Requested (from quested) g the amount of this received ct previously received Recurring ng likely to be requestate nonrecurring amount of this received.	2022-2023 d state funding? nount Nonrecurring sted? ount per year.	Specific Appropriation #	50% 0% 0% 50% 100%	
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Total State Fur Matching Fun Federal	ds Requested (from qu ds		100,000	50%	
Total State Fur	ds Requested (from qu	uestion #6)	100,000	50%	
Total State Fur	ds Requested (from qu	uestion #6)			
Type of Fundi	ng		Amount	reiceillage	
Type of Funding			Amarint	Percentage	
7. Total Project C	ost for Fiscal Year 20	022-2023 (includ	ling matching funds avai	lable for this proje	ect)
•	nds Requested			100,000	
Fixed Capital C	outlay			0	
Type of Fundi Operations	ng		Amo	100.000	
	Nonrecurring Reques	SUIDI FISCAI 168		4	
		ot for Figure Ver	~ 2022 2022		
State Agency of	contacted?	runus Dep	artment of Law Enforceme	71 IL	
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4. Project/Progra	· · · · · · · · · · · · · · · · · · ·				
3. Date of Reque	12/21/2021				
	or Jason Pizzo				
2. Senate Spons					
2. Senate Spons	Technology				



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

\$123,431.33 - Hazard Pay for all sworn officers 1% of officers' base salaries, for hours worked between 03/01/2020 to 09/30/2021

\$341,842.48 - Municipality Housing Assistance Program Administered by County

\$487,826.13 - "Funding Assistance for Our Small Businesses" CRF (Coronavirus Relief Fund) project

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		0				
Consultants/Contracted Services/Study	Supplies/special requests/contracted services/management of program	100,000				
Fixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (must equal total from question #6) 100,0						

12. Program Performance

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

To investigate cold case homicides over three years with the dedication of an experienced part-time Homicide Detective, using the process of DNA evidence from homicides. The Homicide Detective will use new DNA technologies (Next Generation Sequencing) and entering profiles into CODIS (Combined DNA Index System) to solve these cases through matches to offenders using Forensic Genealogy. The identification and prosecution of prolific and violent offenders using CODIS.

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

Investigation of cold cases

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

Investigation and resolution of cold cases in coordination with statewide and nationwide entities

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

All victims of crime; expected to serve up to and could exceed 1,000 based on funding.

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

Solving cold case homicides and sexual assault cases including serial crimes to provide closure and to prevent future criminal activities by those perpetrators identified through the use of novel DNA processing and investigative leads. Measured by resulting solved or closed cases as well as the number of prosecutions.



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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?

The City of North Miami Beach would agree to the return or reduction of funds due to unforeseen circumstances.

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 North Miami Beach



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14.	. Requestor Contact	Information							
	a. First Name	Gedel	Last Name	Merzius					
	b. Organization	City of North Miami Beach							
	c. E-mail Address	gedel.merzius@citynmb.com							
	d. Phone Number	(305)948-2900	Ext.						
15.	15. Recipient Contact Information								
	a. Organization	City of North Miami Beach	ı						
	b. Municipality and	l County Miami-Dade							
	c. Organization Type								
	□For Profit Entity								
	□Non Profit 501(c)(3)								
	□Non Profit 501(c	Non Profit 501(c)(4)							
	☑Local Entity								
	□University or College								
	□Other (please specify)								
	d. First Name	Richard	Last Name	Rand					
	e. E-mail Address	richard.rand@nmbpd.org							
	f. Phone Number	(305)949-5500							
16. Lobbyist Contact Information									
	a. Name	Ronald L. Book							
	b. Firm Name	Ronald L. Book PA							
	c. E-mail Address	ron@rlbookpa.com							
	d. Phone Number	(305)935-1866							