

# The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1805

1.	Project Title	Project Cold Cas	6e				
2.	Senate Sponsor	Clay Yarborough					
3.	Date of Request	02/17/2023					
4.	Project/Program De	scription					
	There are an estima We host a database provide consulting wi	of cases (already s	tarted), provide	e training for	l we provide a establishing	dvocacy for the fam cold case units whe	nilies of those victims. ere they don't exist, and
5.	State Agency to rec	eive requested fu	<b>nds</b> Depa	artment of L	aw Enforceme	ent	
	State Agency contact	cted? Yes					
6.	Amount of the Nonro	ecurring Request	for Fiscal Yea	r 2023-202	4		
	Type of Funding				Amo	unt	
	Operations					250,000	
	Fixed Capital Outlay					0	
	<b>Total State Funds R</b>	equested				250,000	
7.	Total Project Cost fo	or Fiscal Year 202	3-2024 (includ	ing matchi	ng funds ava	ilable for this proj	ect)
	Type of Funding			Am	ount	Percentage	
	Total State Funds Re	equested (from que	stion #6)		250,000	57%	
	Matching Funds						1
	Federal				0	0%	1
	State (excluding the	amount of this requ	iest)		140,000	32%	†
	Local				0	0%	1
	Other				50,000	11%	
	<b>Total Project Costs</b>	for Fiscal Year 20	23-2024		440,000	100%	
8.	Has this project pre	viously received s	state funding?	Yes			
	Fiscal Year	Amount		Specific		Vetoed	
	(yyyy-yy)	Recurring	Nonrecurri	ng Appr	opriation #		
	2022-23	0	150	,000	1248	No	
9.	Is future funding lik	ely to be requeste	ed?	No			
	a If yes indicate no	nrecurring amou	nt ner vear				
	a. If yes, indicate nonrecurring amount per year.  b. Describe the source of funding that can be used in lieu of state funding.						
	b. Describe the sou	rce of funding tha	it can be used	in lieu of s	tate funding.		_
10	). Has the entity requ	losting this projec	st received an	v foderal ac	eietanee rele	ated to the COVID	.10 nandomic?
10		iesung uns projet	or received any	y ieuerai as	ooiolaniee rela	ited to the COVID-	19 panuemic :
	No						
	If yes, indicate the	amount of funds r	eceived and v	vhat the fui	nds were use	d for.	
							]
							7



11. Status of Construction

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### **Complete questions 11 and 12 for Fixed Capital Outlay Projects**

a. What is the	current phase	of the project?		
OPlanning	ODesign	Construction		
b. Is the projec	t "shovel read	y" (i.e permitted)?		
c. What is the	estimated start	date of construction?		
d. What is the	estimated com	pletion date of construction?		
		y to receive, directly or indirec ners of the facility and the ent	outlay funding. Include	the

#### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits  0% of the Executive Director's salary will be included in this funding to cover costs associated with administrative duties and non-direct services to victims families		
Other Salary and Benefits	401K match for staff	15,000
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study	Accountant	17,500
Operational Costs: Other		
Communications director to handle all community and law enforcement outreach along with social media management. Intake coordinator to handle all new families in identifying needs.		90,000
Expense/Equipment/Travel/Supplies/ Other	Traveling to law enforcement agencies and conferences for training. Updates computers, office supplies and training materials.	30,000
Consultants/Contracted Services/Study	Mental heath counseling services for staff self-care, facilitated support meeting and events. Awareness video production.	60,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	250,000

#### 14. Program Performance

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

A safer Florida by helping solve cold cases. Fewer survivors requiring state funding assistance due to counseling and resolution in their cases. Added jobs for a better economy. An effort by all to assure public safety but getting criminal off the streets.

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



Repayment of funds.

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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. With 20,000 unsolved murders in Florida, and each victim averaging 2-4 survivors we have the potential to assist 40-80 thousand survivors. However, realistically we won't have the staff for all of them and will likely serve well over 1,000.

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. We continue services to these survivors and track employment and mental health progress.

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?

15. Requester Contact Information				
a. First Name	Ryan		Last Name	Backmann
b. Organization	Project C	Project Cold Case, Inc.		
c. E-mail Address	yanb@pr	ranb@projectcoldcase.org		
d. Phone Number	(904)514	-9847	Ext.	
16. Recipient Contact Information				
a. Organization	Project C	old Case, Inc.		
b. Municipality and	b. Municipality and County Statewide			
c. Organization Type				
□For Profit Entity				
☑Non Profit 501(c	on Profit 501(c)(3)			
□Non Profit 501(c	□Non Profit 501(c)(4)			
□Local Entity	□Local Entity			
□University or Co	□University or College □Other (please specify)			
☐Other (please sp				
d. First Name	Ryan		Last Name	Backmann
e. E-mail Address	yanb@projectcoldcase.org			
f. Phone Number	(904)514-9847			



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17. Lobb	yist Contact	Information
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a. Name	None
b. Firm Name	None
c. E-mail Address	
d. Phone Number	