



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1411

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

There are an estimated 20,000 unsolved homicides in Florida and we provide advocacy for the families of those victims. We host a database of cases (already started), provide training for establishing cold case units where they don't exist, and provide consulting with experienced cold case detectives.

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	150,000	30%
Local	0	0%
Other	100,000	20%
Total Project Costs for Fiscal Year 2025-2026	500,000	100%

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	150,000	1275	No

9. Is future-year funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. List 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	75% 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	67,500
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Accountant	13,750
Operational Costs		
Salary and Benefits	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.	88,750
Expense/Equipment/Travel/Supplies/Other	Traveling to law enforcement agencies and conferences for training. Updates computers, office supplies and training materials.	20,000
Consultants/Contracted Services/Study	Mental health counseling services for staff self-care, facilitated support meeting and events. Awareness video production.	60,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

13. 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?



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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 1,500.

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 in the contract?

Repayment of funds.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied



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- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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 **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number



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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.