



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1670

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Funds will be used to expand successful use of software to integrate critical public safety data sources across Manatee County Public Safety into the data analytics platform, and to initiate the deployments of the 5 other counties in FDEM Region 6. This will enable use of the platform to integrate emergency management and public safety data to enable broader regional information sharing and collaboration before, during, and after emergencies.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes  No

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

Type of Funding	Amount
Operating	3,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>3,000,000</b>

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)	3,000,000	95%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	150,000	5%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>3,150,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No  Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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

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**



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LFIR # 1670

**10. Status of Construction**

**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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Software licenses and professional services	3,000,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,000,000</b>

**13. Program Performance**

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

Implementation of software will lead to measurable improvements in personnel hours saved and actionable insights that will reduce disaster preparation, response, and recovery times. The software will provide first responders, emergency management personnel, and executives with real-time, accurate, and integrated information to make critical decisions to prepare for, respond to, and recover from hurricanes and other natural disasters.

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

Dedicated professional and technical implementation specialists to ensure successful software implementation, data integration, dashboard and report building, and end user training.



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

Benefits to citizens include but are not limited to, emergency services making data-informed resource requests, leveraging historical data to improve preparedness strategies, bolstering search and rescue efforts, and accelerating reimbursement and recovery efforts.

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

Florida Division of Emergency Management Region 6 County Residents. Manatee, Pinellas, Pasco, Hillsborough, Hernando, Citrus. Approximately 3.8 million individuals live in FDEM Region 6.

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

Implementation of software will lead to measurable improvements in personnel hours saved and actionable insights that will reduce response and recovery times. It will also lead to increased visibility and transparency in recovery assessments. Those success factors can be evaluated using real-time and historical data within the analytics platform.

**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?**

Return of funds

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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):**

Hurricane Helene, Hurricane Milton

**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
- Yes, Received



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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) State Agency

**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.*