

**LFIR # 2681** 

| 1. Project Title   | Florida Law Enfo  | orcement Active Sho  | oter Training  |   |   |  |  |
|--|---|--|--|---|---|--|--|
| 2. Senate Sponsor  | Jay Trumbull  |  |  |   |   |  |  |
| 3. Date of Request   | 2/25/2025   |  |  |   |   |  |  |
| 4. Project/Program D   | escription (  |  |  |   |   |  |  |
| "soft targets." This events. The progra an active shooter e law enforcement ar | program will train, eom will include live som will include live som mergency. This prograd SWAT. The progracionse, possess an | quip, and prepare Fleenario training to en<br>gram will provide cur<br>am should take plac | orida's law enforcemonsure our law enforce riculum for HR/Active e at a facility that mu | ent community to re<br>ment officers are pr<br>e Shooter and past  <br>st be ITAR complia | roughout our state are ispond to active shooter epared in the event of performance training for nt, possess an active for weaponized drones |  |  |
| 5. State Agency to re  | eceive requested fu   | ınds Departme  | ent of Law Enforceme   | ent   |   |  |  |
| State Agency cont  | acted? Yes  |  |  |   |   |  |  |
| 6. Amount of the Nor   | <u> </u>  | for Fiscal Voar 202  | 25_2026  |   |   |  |  |
|  | Treculting Request  | 101 1 ISCAI TEAI 202   |  |   |   |  |  |
| Type of Funding Operating  |   |  | Amo  | 1,000,000   |   |  |  |
| Fixed Capital Outla  | V   |  |  | 0   |   |  |  |
| Total State Funds  |   |  | 1,000,000  |   |   |  |  |
|  |   |  |  | , , ,   |   |  |  |
| 7. Total Project Cost  | for Fiscal Year 202   | 5-2026 (including r  | natching funds ava   | lable for this proje  | ect)  |  |  |
| Type of Funding  |   |  | Amount   | Percentage  |   |  |  |
|  | Requested (from que   | estion #6)   | 1,000,000  | 100%  |   |  |  |
| Matching Funds   |   |  |  |   |   |  |  |
| Federal  |   |  | 0  | 0%  |   |  |  |
|  | e amount of this requ   | uest)  | 0  | 0%  |   |  |  |
| Local  |   |  | 0  | 0%  |   |  |  |
| Other  |   |  | 0  | 0%  |   |  |  |
| <b>Total Project Cost</b>  | s for Fiscal Year 20  | 025-2026   | 1,000,000  | 100%  |   |  |  |
| 8. Has this project profile the  | reviously received<br>most recent instar  | _  | Yes  |   |   |  |  |
| F'1 \\   |   | 4  | Specific   | Vetoed  |   |  |  |
| Fiscal Year  | Amo   | ount   |  |   |   |  |  |
| (уууу-уу)  | Amo<br>Recurring  | Nonrecurring   | Appropriation #  |   |   |  |  |
|  |   |  |  | No  |   |  |  |
| (уууу-уу)  | Recurring   | Nonrecurring<br>750,000  | Appropriation #  |   |   |  |  |
| (уууу-уу) 2024-25  9. Is future-year fund                                      | Recurring   | Nonrecurring<br>750,000<br>uested?   | Appropriation #  |   |   |  |  |
| (yyyy-yy) 2024-25  9. Is future-year functions. If yes, indicate in            | Recurring ling likely to be rec   | Nonrecurring 750,000  Juested?  Int per year.  | Appropriation # 1290   |   |   |  |  |
| (yyyy-yy) 2024-25  9. Is future-year functions. If yes, indicate in            | Recurring ling likely to be rec   | Nonrecurring 750,000  Juested?  Int per year.  | Appropriation #  |   |   |  |  |



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### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

| a. What is the cu |                   | he project?                                   |           |              |                    |                   |
|-------------------|-------------------|---|-----------|--------------|--------------------|-------------------|
| Planning          | O Design          | <ul><li>Construction</li></ul>                | O N/A     |              |                    |                   |
| b. Is the project | "shovel ready"    | (i.e permitted)?                              |           |              |                    |                   |
| c. What is the es | stimated start da | te of construction?                           |           |              |                    |                   |
| d. What is the es | stimated comple   | tion date of constru                          | ction?    |              |                    |                   |
| e. What funding   | stream will be u  | sed for ongoing ope                           | rations a | nd maintenan | ce of the project  | 1?                |
|                   |                   |   |           |              |                    |                   |
|                   |                   |   |           |              |                    |                   |
|                   |                   | o receive, directly or rs of the facility and |           |              | apital outlay fund | ding. Include the |
|                   |                   | •   |           |              |                    |                   |

#### 12. 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<br>Services/Study              |  | 0         |
| Operational Costs                                     |  |           |
| Salary and Benefits                                   |  | 0         |
| Expense/Equipment/Travel/Supplies/<br>Other           | Full training facility access to conduct active shooter response courses. On site lodging, targets, ammunitions, UTM bolts and ammo, range supplies, role players, and all other requirements to conduct the most realistic active shooter scenarios available. Participating departments shall be chosen by FDLE on a first come first serve basis. | 500,000   |
| Consultants/Contracted<br>Services/Study              | Training and instructors who offer contracted services for law enforcement   | 500,000   |
| Fixed Capital Construction/Majo                       | r Renovation:  |           |
| Construction/Renovation/Land/<br>Planning Engineering |  | 0         |
| Total State Funds Requested (m                        | ust equal total from question #6)  | 1,000,000 |

#### 13. Program Performance

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



□ No, but intends to apply

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

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This program will provide curriculum for HR/Active Shooter and past performance training for law enforcement and SWAT. The program should take place at a facility that must be ITAR compliant, possess an active Florida State ATF License, possess an active Federal ATF License, and have authorized air space for weaponized drones training (up to four hundred AGL)

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

Full training facility access and instruction delivered by veteran Special Operators to conduct active shooter response courses. On site lodging, targets, ammunition, UTM bolts and ammo, range supplies, role players, and all other requirements to conduct the most realistic active shooter scenarios available. Participating departments shall be chosen by FDLE on a first come first serve basis.

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

Florida Law Enforcement Officers and School Resource Officers. Between 100-200 Officers.

Active shooters are targeting our most innocent, most vulnerable citizens. Criminals know schools and other locations in our state are "soft targets.." This program will help train, equip, and prepare Florida's law enforcement community to respond to active shooter events. The program will include live scenario training to ensure our law enforcement officers are prepared in the event of an emergency. The result will be a safer school, hospitals, and other vulnerable areas for Florida's citizens.

| d. Who is the target population served by this project? How many individuals are expected to be served?                                     |
|---|
| are prepared in the event of an emergency. The result will be a safer school, hospitals, and other vulnerable areas for Florida's citizens. |

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

Law enforcement will be better trained to deal with active shooter situations. This will create a safer community.

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?

| F      | Return of Funds  |
|--------|--|
| 14. Is | this project related to mitigation, response, or recovery from a natural disaster? No                    |
| a. I   | f 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 infastructure) |
| b. N   | Name of the natural disaster (or Executive Order # for events not under a federal declaration):          |
| 15. Ha | as the entity applied for or received federal assistance for this project?                               |
|        | Yes, Applied   |
|        | Yes, Received  |
|        | No   |
|        |  |



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| b. Provide the total   | project cost listed on t  | he FEMA proj   | ect workshee  | et:           |              |                  |
|------------------------|---------------------------|----------------|---------------|---------------|--------------|------------------|
| 16. Has the entity app | lied for or received stat | e assistance f | or this proje | ct (other tha | n this reque | st)?             |
| ☐ Yes, Applied         |                           |                |               |               |              |                  |
| ☐ Yes, Received        |                           |                |               |               |              |                  |
| □ No                   |                           |                |               |               |              |                  |
| □ No, but intends to   | o apply                   |                |               |               |              |                  |
|                        | e program and state ago   | ency (ex. Loca | ıl Governmeı  | nt Emergeno   | y Bridge Loa | nn, Department ( |
| 7. Requester Contact   | t Information             |                |               |               |              |                  |
| a. First Name          | Brandon                   | Last Name      | Graves        |               |              |                  |
| b. Organization        | Stronghold SOF Solutio    | ns             |               |               |              |                  |
| c. E-mail Address      | bgraves@sofs3.com         |                |               |               |              |                  |
| d. Phone Number        | (888)476-3765             | Ext.           |               |               |              |                  |
| 18. Recipient Contact  | Information               |                |               |               |              |                  |
| a. Organization        | Stronghold SOF Solutio    | ns             |               | _             |              |                  |
| b. Municipality and    | d County Walton           |                |               |               |              |                  |
| c. Organization Ty     | ре                        |                |               |               |              |                  |
| ☑For Profit Entity     |                           |                |               |               |              |                  |
| □Non Profit 501(d      | c)(3)                     |                |               |               |              |                  |
| □Non Profit 501(d      | c)(4)                     |                |               |               |              |                  |
| □Local Entity          |                           |                |               |               |              |                  |
| □University or Co      | llege                     |                |               |               |              |                  |
| □Other (please sp      | pecify)                   |                |               |               |              |                  |
| d. First Name          | Brandon                   | Last Name      | Graves        |               | ]            |                  |
| e. E-mail Address      | bgraves@sofs3.com         |                |               |               |              |                  |
| f. Phone Number        | (888)476-3765             | Ext.           |               |               |              |                  |
| l9. Lobbyist Contact I | nformation                |                |               | _             |              |                  |
| a. Name                | Scott L. Ross             |                |               |               |              |                  |



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| b. Firm Name      | Capital City Consulting LLC |  |
|-------------------|-----------------------------|--|
| c. E-mail Address | scott@cccfla.com            |  |
| d. Phone Number   | (850)222-9075               |  |

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