

LFIR # 2917

1. Project Title	Leon County Sheriff's Office VICE Unit
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2. Senate Sponsor Corey Simon

3. Date of Request 3/3/2025

4. Project/Program Description

LCSO employs a vice section to address and suppress drug/narcotics and related violent crimes. Leon County is the regional hub of commerce, and illicit activities of this type that begin in the smaller, fiscally constrained surrounding counties often flare up here. LCSO proposes dedication of state funds as a cost share to support a percentage of existing vice personnel costs and provide training to combat violent crimes, fentanyl abuse, and opioid overdoses within the Tallahassee MSA.

5. State Agency to receive requested funds

Department of Law Enforcement

State Agency contacted? No

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

Type of Funding	Amount
Operating	740,594
Fixed Capital Outlay	0
Total State Funds Requested	740,594

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)	740,594	28%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	1,938,212	72%	
Other	0	0%	
Total Project Costs for Fiscal Year 2025-2026	2,678,806	100%	

8. Has this project previously received state funding? If yes, provide the most recent instance:

Fiscal Year	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

9. Is future-year funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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

Funding from a grant (if available). All costs would be recurring.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

No

Yes

P T LOT	Loc	The Flori cal Funding I Fiscal Yea	nitiati	ive Request		LFIR # 2917
10. Status of Constr a. What is the cu		ne project?				
O Planning	🔵 Design	Construction	O N/A			
d. What is the es	imated start dat	i.e permitted)? e of construction? ion date of construc sed for ongoing ope		nd 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		0			
Other Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study		0			
Operational Costs					
Salary and Benefits	LCSO is requesting \$740,594 to support existing positions, as follows: o 1 full-time Sergeant. o 2 full-time Detective positions. o 1 full-time Analyst. o The requested amount includes salary, benefits, and supporting equipment and training.	740,594			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering		0			
Fotal State Funds Requested (must equal total from question #6) 740,594					

13. Program Performance

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

LCSO seeks assistance in supporting and training existing staff who are dedicated and technically proficient in conducting technical investigations relating to legal process, data analysis, and digital surveillance. LCSO assists regional sheriffs in writing, serving, and executing hundreds of search warrants and subpoenas each year. Many of these legal documents directly relate to cell phones, cloud-based data storage, and GPS data that takes considerable time and technical knowledge to craft. The analysis of this data is technically complex and time consuming.



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

o Technical investigations relating to violent crimes, drug crimes, human trafficking, and child pornography.

o Drafting, serving, and executing complex technical legal process.

o Advanced technical support and analysis relating to electronic surveillance, digital data collection, and legal process review.

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

Direct services to citizens include, but are not limited to, criminal investigative services, missing persons recoveries, increased victim identification, and provision of victim services/program referrals through the existing LCSO community wellness portal used to promote diversion from reoccurring crisis. Referral of at-risk youth to local diversion programs.

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

The residents of Leon County and surrounding areas. The individuals expected to be served would be at least 300,000.

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

Reduction in the number of fentanyl/opioid incidents ocurring in the Tallahassee MSA.

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?

Standard penalties are appropriate. Return of appropriations or withholding of funds if deliverables are not met.

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 infastructure)

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)?



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- □ Yes, Applied
- □ 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	Ron	Last Name	Cave
b. Organization	Leon County Sheriff's Office	се	
c. E-mail Address	caver@leoncountyfl.gov		
d. Phone Number	(850)606-3343	Ext.	

18. Recipient Contact Information

a. Organization	Leon Cou	eon County Sheriff's Office			
b. Municipality and	County	Leon			

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	Sheriff Walt	Last Name	McNeil		
e. E-mail Address	mcneilw@leoncountyfl.gov				
f. Phone Number	(850)606-3345	Ext.			

19. Lobbyist Contact Information

a. Name	Sean A. Pittman	
b. Firm Name	Pittman Law Group PL	
c. E-mail Address	sean@pittman-law.com	
d. Phone Number	(850)216-1002	



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