

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

LFIR # 2923

1. Project Title	CRRTCC Data Integrations	

2. Senate Sponsor Corey Simon

3. Date of Request 3/4/2025

4. Project/Program Description

The collaborative Real Time Crime Center (RTCC) serves as a vital asset for Region 2, including state government headquarters. A collaborative CJIS Compliant data sharing platform will increase operational efficiency and effectiveness. Agencies impacted: : LCSO, TPD, FSU PD, FAMU, FDLE, SAO.

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	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	500,000	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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

No

No

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a. What is the cu	irrent phase of t	he project?				
O 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 u	sed for ongoing ope	erations a	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.

Leon County Sheriff's Office, Tallahassee Police Department, Florida State University Police Department and Florida A& M University, Office of the State Attorney 2nd Circuit

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	There are no cost associated with this category	0
Other Salary and Benefits	There are no cost associated with this category	0
Expense/Equipment/Travel/Supplies/ Other	There are no cost associated with this category	0
Consultants/Contracted Services/Study	There are no cost associated with this category	0
Operational Costs	·	
Salary and Benefits	There are no cost associated with this category	0
Expense/Equipment/Travel/Supplies/ Other The funds allocated for the implementation of a Criminal Justice Information System (CJIS) compliant system will be spent strategically to ensure maximum efficiency and effectiveness. A significant portion of the budget will be dedicated to purchasing software and hardware and to integrate the CJIS system with existing platforms used by law enforcement and criminal justice agency.		500,000
Consultants/Contracted Services/Study	There are no cost associated with this category	0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	500,000

13. Program Performance

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

A significant portion of the budget will be dedicated to purchasing software and hardware and\to integrate the CJIS system with existing platforms used by law enforcement and criminal justice agency.

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

Not sure



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

Law Enforcement services

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

All citizens of Leon County.

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

To increase operational efficiency and effectiveness.

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 state policies and procedures.

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)?

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



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

a. First Name	Undersheriff Ron	Last Name	Cave
b. Organization	Leon County Sheriff's Offi	се	
c. E-mail Address	caver@leoncountyfl.gov		
d. Phone Number	(850)606-3343	Ext.	

18.

18.	18. Recipient Contact Information						
	a. Organization	Leon 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 Co	llege					
	□Other (please sp	pecify)					
	d. First Name	Undersheriff Ron	Last Name	Cave			
	e. E-mail Address	caver@leoncountyfl.gov					
	f. Phone Number	(850)606-3343	Ext.				
19.	Lobbyist Contact I	nformation					
	a. Name	Nickolas F Lowe					
	b. Firm Name	Shumaker Advisors Florida, LLC					
	c. E-mail Address	nlowe@shumakeradvisors.com					
	d. Phone Number	(850)661-4256					

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