

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

**LFIR # 3263** 

1. Project Title	Body Worn Camer	ra Implementation	l		
2. Senate Sponsor	Kathleen Passidon	no			
3. Date of Request	3/4/2025				
4. Project/Program De	scription				
reduce rate of complete resource/tool and over uploading of video the	aints, aide in gathering arall increase in trans at can be directly acceeded and allows e conflicts and allows	ng evidence for cr sparency. The Axocessed by the Sta	gram with the intent to iminal investigations, on software package I tte Attorney's Office. T alize the area of neuro	utilization of video inks automatically he Taser 10 create	as a training to evidence.com for es more time and space
5. State Agency to rec		<b>ds</b> Departme	ent of Law Enforceme	nt	
State Agency contact	cted? No	•			
6. Amount of the Nonre	ecurring Request fo	or Fiscal Year 20	25-2026		
Type of Funding	<u> </u>		Amo	unt	]
Operating				150,000	
Fixed Capital Outlay				0	
Total State Funds R	equested			150,000	
	•			,	-
7. Total Project Cost fo	or Fiscal Year 2025-	2026 (including i	matching funds avai		ect) 1
Type of Funding			Amount	Percentage	
Total State Funds Re	equested (from quest	tion #6)	150,000	43%	
Matching Funds					
Federal			0	0%	Ī
State (excluding the a		- 1)			
	amount of this reque	St)	0	0%	
Local	amount of this reque	ST)	0 199,778	57%	
, ,	amount of this reque	St)			
Local	·		199,778	57%	
Local Other	for Fiscal Year 202	5-2026 ate funding?	199,778 0	57% 0%	
Local Other Total Project Costs  8. Has this project pre If yes, provide the n  Fiscal Year	for Fiscal Year 202	5-2026 ate funding? e:	199,778 0 349,778 No	57% 0%	
Local Other Total Project Costs  8. Has this project pre If yes, provide the n	for Fiscal Year 202 viously received st nost recent instanc	5-2026 ate funding? e:	199,778 0 <b>349,778</b> No	57% 0% <b>100%</b>	
Local Other Total Project Costs  8. Has this project pre If yes, provide the n  Fiscal Year	for Fiscal Year 202 viously received stance Amou	5-2026 ate funding? e:	199,778 0 349,778 No	57% 0% <b>100%</b>	
Local Other  Total Project Costs  8. Has this project pre If yes, provide the n  Fiscal Year (уууу-уу)  9. Is future-year fundir	for Fiscal Year 202 viously received stance Amou Recurring	5-2026  ate funding? e: int Nonrecurring ested?	199,778 0 349,778 No	57% 0% <b>100%</b>	
Local Other  Total Project Costs  8. Has this project pre If yes, provide the n  Fiscal Year (уууу-уу)	for Fiscal Year 202 viously received stance Amou Recurring	5-2026  ate funding? e: int Nonrecurring ested?	199,778 0 349,778 No Specific Appropriation #	57% 0% <b>100%</b>	
Local Other  Total Project Costs  8. Has this project pre If yes, provide the n  Fiscal Year (уууу-уу)  9. Is future-year fundir	for Fiscal Year 202 viously received stract recent instance Amount Recurring  ng likely to be requented amount recurring amount recurring	5-2026 ate funding? e: int Nonrecurring ested? t per year.	199,778 0 349,778 No Specific Appropriation # Yes 150,000	57% 0% <b>100%</b>	



10. Status of Construction

Planning

a. What is the current phase of the project?

O Design

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O N/A

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150,000

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

Construction

O' laming Design		
b. Is the project "shovel ready"	(i.e permitted)?	
c. What is the estimated start da	ate of construction?	
d. What is the estimated comple	etion date of construction?	
•		
e. What funding Stream will be u	used for ongoing operations and maintenance of the project?	
. List the owners of the facility to relationship between the owners.  Details on how the requested so	o receive, directly or indirectly, any fixed capital outlay fundingers of the facility and the entity.  tate funds will be expended	j. Include the
Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		(
Expense/Equipment/Travel/Supplies/Other		(
Consultants/Contracted Services/Study		(
Operational Costs		
Salary and Benefits		(
Expense/Equipment/Travel/Supplies/Other	Purchase of Body Worn Cameras, Tasers and software.	150,000
Consultants/Contracted Services/Study		(
Fixed Capital Construction/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering		(
Total State Funds Requested (m	nust equal total from question #6)	150,000

#### 13. Program Performance

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

Purchase of a multi-year Axon package for Body Worn Cameras which will enhance officer/citizen accountability, aid in gathering evidence for investigations, and increase transparency. With a maximum range of 45 feet, TASER 10 creates more time and space to de-escalate and resolve conflicts.

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

The department will equip all road patrol officers with body cameras and Taser 10 less lethal devices.



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lı	mproved officer an public safety.
d.	Who is the target population served by this project? How many individuals are expected to be served?
T	The general population of the City of Naples.
	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will measured?
of	The ability to capture Point of View video from Officer encounters will assist in improving Officer safety while decreasing fficer complaints. The use of less lethal tools will reduce officer physical injuries. Both will be measured by looking over see of force reports and evaluating officer contacts with the public to ensure an increase level of service.
	What are the suggested penalties that the contracting agency may consider in addition to its standard penaltie r failing to meet deliverables or performance measures provided for in the contract?
N	No additional penalties.
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
	No, but intends to apply
a. I	f yes, provide the FEMA project worksheet ID#:
b. F	Provide the total project cost listed on the FEMA project worksheet:
16. Ha	as the entity applied for or received state assistance for this project (other than this request)?
	Yes, Applied
	Yes, Received
	No



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<ul><li>☐ No, but intends to</li><li>a. If yes, specify the</li></ul>		and state age	ncv (ex. Loca	al Governmen	ıt Emergenc	cv Bridge Lo	oan. De
Commerce):	- p. og. a						¬
7. Requester Contact	l Informati	ion					
a. First Name	Ciro	ion	Last Name	Dominguez		]	
b. Organization		aples Police Dep		Bonningaoz		]	
c. E-mail Address		<u> </u>					
d. Phone Number		•	Ext.			]	
			- '			_	
3. Recipient Contact	Information	on					
a. Organization	City of Na	aples Police Dep	artment		-		
b. Municipality and	d County	Collier					
c. Organization Ty	ре						
□For Profit Entity							
□Non Profit 501(d	:)(3)						
□Non Profit 501(d	c)(4)						
	,,,						
□University or Co	llogo						
•	•						
□Other (please sp	pecify)						
d. First Name	Ciro		Last Name	Dominguez			
e. E-mail Address	cdomingu	uez@naplesgov.	com				
f. Phone Number	(239)213	-4850	Ext.				
9. Lobbyist Contact I	nformatio	n					
a. Name	Lisa M. F	Hurley					
b. Firm Name	SBM Par	tners, Inc.					
c. E-mail Address	Ihurley@	SBMPartners.co	m				
d. Phone Number	(850)224	-5081					

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