



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3410

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Miami-Dade County has experienced a significant surge in fraudulent activities in condominium and homeowners' association fraud. By targeting the financial underpinnings of these offenders, law enforcement can dismantle criminal organizations whose crimes often results in theft of funds from the association, unwarranted fines and penalties to the associations, and most disheartening, loss of property for some of the most vulnerable victims. Many of our elder population live on fixed incomes and cannot financially afford any rise in the homeowner's association dues, which results in a forced sale of their property or foreclosure.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	1,270,000
Fixed Capital Outlay	0
Total State Funds Requested	1,270,000

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)	1,270,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,270,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	2,540,000	100%

8. Has this project previously received state funding?

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?

a. If yes, indicate nonrecurring amount per year.

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



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Local Funding Initiative Request

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Complete questions 10 and 11 for Fixed Capital Outlay Projects

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
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	Identify individuals, board members, and/or management companies engaging in fraudulent activity/theft related to the condominium and homeowners' associations and conduct surveillance on same to collect information to investigate/prosecute fraudulent criminal activity.	1,270,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,270,000

13. Program Performance

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

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



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Identify fraudulent criminal activities in condominium and homeowners' associations; provide resources to review financial records associated with these cases; assist in community outreach to educate homeowners on how to be vigilant by attending association meetings, how to request financial records to ensure that their board is acting in their best interests and to create educational pamphlets that can be disseminated at these events to serve as a reference for homeowners.

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

Increased law enforcement and public safety operations.

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

Residents and homeowners in Miami-Dade County.

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

Reduction in HOA fraud, increased education and support for property owners in Miami-Dade County, and increased law enforcement operations as measured by MDSO tracking data.

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?

Failure to meet deliverables will result in complete or partial termination of contract.

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):

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



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Local Funding Initiative Request

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LFIR # 3410

- 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 **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) Political Subdivision of the State of Florida

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.