## **Appropriations Project Request - Fiscal Year 2017-18**

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Community Violence Reduction Intiative

2. Date of Submission: 02/03/2017

3. House Member Sponsor: Matt Caldwell

Members Copied:

## 4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? No If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d

- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring.)		
Column:	Α	В	С	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring Request  (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:					334,007	334,007

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? No 5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Law Enforcement

6.	Rea	ues	ter:

a. Name: Saeed Kazemi

b. Organization: <u>City of Fort Myers</u>c. Email: <u>skazemi@cityftmyers.com</u>

d. Phone #: (239)321-7023

- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
  - a. Name: Derrick Diggs

b. Organization: <u>City of Fort Myers</u>c. Email: <u>ddiggs@fmpolice.com</u>

d. Phone #: (239)321-7727

- 8. If there is a registered lobbyist, fill out the lobbyist information below.
  - a. Name: None
  - b. Firm: None
  - c. Email:
  - d. Phone #:
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
  - a. Name: City of Fort Myers
  - b. County (County where funds are to be expended): Lee
  - c. Service Area (Counties being served by the service(s) provided with funding): <u>Lee</u>
- 10. What type of organization is the entity that will receive the funds? (Select one)
  - O For Profit
  - O Non Profit 501(c) (3)
  - O Non Profit 501(c) (4)
  - Local Government

O Universi	ty or College
O Other (F	lease describe

## 11. What is the specific purpose or goal that will be achieved by the funds being requested?

We have experienced an increase in violent crime over the past two years. We will engage the National Network for Safe Communities to work with the City to deliver strategic advising services in developing and implementing a Group Violence Intervention Program by implementing the Group Violence Reduction Strategy. The purpose is to develop/implement this strategy to reduce homicides and serious violence in the City, and to improve police legitimacy and partnership within the community.

12. Provide specific details on how funds will be spent. (Select all that apply)

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Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
□a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
☑d. Consultants/Contracted Services/Study	Engage The National Network for Safe Communities to develop GVI strategies	334,007
Operational Costs:		
☐e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
□g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

The Construction/Panavation/Land/Planning Engineering					
□h. Construction/Renovation/Land/Planning Engineering					
TOTAL		334,007			
13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h Fixed Capital Outlay? was not selected, question 13 is not applicable) N/A					
14. Is the project request an information technology project? No					
15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?  Yes					
15a. Please Describe: Minutes from Council Workshop held on May 23, 2016.	15a. Please Describe: Minutes from Council Workshop held on May 23, 2016. Also, a community workshop held during the first quarter of 2017.				
16. Has the need for the funds been documented by a study, con <u>Yes</u>	16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?  Yes				
16a. Please Describe: Memorandum of Agreement with Research Foundation the National Network for Safe Communities and the City presented to the City Council in March 2017.		, -			
17. Will the requested funds be used directly for services to citize Yes	ens?				
17a. Describe the target population to be served. Select all to □Elderly persons □Persons with poor mental health □Persons with poor physical health □Jobless persons □Economically disadvantaged persons □At-risk youth	that apply to the target population:				

□Homeless
□Developmentally disabled
□Physically disabled
□Drug users (in health services)
□Preschool students
☐Grade school students
☐High school students
□University/college students
□Currently or formerly incarcerated persons
□Drug offenders (in criminal Justice)
□Victims of crime
☑Other (Please describe): All citizens will benefit as it will ultimately reduce violent crime
17b. How many in the target population are expected to be served?
O< 25
O25-50
O51-100
O101-200
O201-400
O401-800
<b>⊙</b> >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
□Improve physical health		
☑Improve mental health	Reduction of calls for service	Calls for service to include: Baker Act, Trespassing, Triage, etc. will decrease with better mental health
□Enrich cultural experience		
□Improve agricultural production/promotion/education		

□Improve quality of education		
□Enhance/preserve/improve environmental or fish and wildlife quality		
☑Protect the general public from harm (environmental, criminal, etc.)	Reduction in UCR Crimes (which includes violent crimes)	Uniform Crime Report numbers will decrease
□Improve transportation conditions		
☑Increase or improve economic activity	Increased revenue to businesses, hotels, entertainment	Increase in revenue
☑Increase tourism	Increased revenue to businesses, hotels, entertainment	increase in revenue
□Create specific immediate job opportunities		
□Enhance specific individual?s economic self sufficiency		
☑Reduce recidivism	Reduction in previous offenders/parolees returning to jail	Court cases will decrease
□Reduce substance abuse		
☑Divert from Criminal/Juvenile justice system	Reduction in UCR Crimes (which includes violent crime)	Uniform Crime Report numbers will decrease
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
□Other (Please describe):		

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
Amount Requested from the State in this Appropriations     Project Request:	334,007	100.0%	N/A
2. Federal:	0	0.0%	No
State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	334,007	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? No