

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Project Cold Case
2. Date of Submission: 02/02/2017
3. House Member Sponsor: Cord Byrd
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 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(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 .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(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.)</i>
Input Amounts:					75,000	75,000

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. Requester:

- a. Name: Ryan Backmann
- b. Organization: Project Cold Case, Inc.
- c. Email: ryanb@projectcoldcase.org
- d. Phone #: (904)514-9847

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

- a. Name: Ryan Backmann
- b. Organization: Project Cold Case, Inc.
- c. Email: ryanb@projectcoldcase.org
- d. Phone #: (904)514-9847

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: Project Cold Case, Inc.
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

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

To expand unduplicated services to underserved families of unsolved homicide victims. Services include escort to meetings with law enforcement, publicizing cold cases, providing peer grief support, providing court escort after an arrest, training & working with law enforcement on how to handle families of cold cases. With an estimated 12,000 unsolved homicides in Florida the need for resources is far greater than our current capabilities. These services are widely missing in Florida.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Competitive salary for Executive Director	40,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Part-time administrative position for answering phones, filing, mailing out resource packs, reaching out to victims, etc.	15,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Executive Director is part of the Florida Cold Case Advisory Commission which meets quarterly around the state to review cold cases. Executive Director also travels to law enforcement agencies around the state to assist with survivor families and offer training officers.	5,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		

Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Part-time victim advocate salary. Advocate will provide peers support, meeting escorts, criminal justice support if needed, etc.	12,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Part-time advocate travel expenses for direct service advocacy and office supplies (files, paper, brochures, ink, etc.)	3,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		75,000

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:

We have letters of support from various law enforcement agencies within the state of Florida. Letter of support from 4th Judicial Circuit State Attorney's Office. Letters of support from Clay County Bar Association as well as Crime Stoppers and a victim rights attorney. We also have the support of the Florida Sheriff's Association Cold Case Advisory Commission.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- 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)

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >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	Describe the method for measuring level
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	or outcome	of benefit
<input checked="" type="checkbox"/> Improve physical health	In a study published in Dialogues in Clinical Neuroscience, 69 percent of persons who met the criteria for depression consulted a doctor for aches and pains. Mood disorders can show up in surprising symptoms ? like migraines, bloating, backaches, or joint pain. A 2007 Norwegian study found that individuals with depression had a higher risk of death from most major causes, including heart disease, stroke, respiratory illnesses, and conditions of the nervous system.	We will provide a survey to individuals we work with to show the benefits our organization provides as it relates to physical health.
<input checked="" type="checkbox"/> Improve mental health	According to a study by the National Coalition for Mental Health Recovery. Prestigious and important organizations such as CMS, SAMSHA, the Institute of Medicine, among many others, have identified peer delivered services offered through a certified peer specialists as being valuable services. In addition, research is showing that while increasing consumer wellness, the use of peer specialists is decreasing costs.	We will provide a survey to individuals we work with to show the benefits our organization provides as it relates to mental health.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		

<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	<p>Our organization publicizes cold cases, many long out of public view, because we know each unsolved homicide means a killer is free in our community. We have had 5 cases we featured on our website resolved in the last year. Our goal is to expand to get more murderers off our streets and in prison.</p>	<p>We track every case receive and follow up regularly to determine if an arrest has been made. We report those findings throughout the year to our board and the public.</p>
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	<p>Many of the individuals we serve are "stuck" in the same place they were the day their loved one died. Many do not go back to work or only go back part-time. This loss of income results in less economic impact in their community. With the proper support and services these individuals start to heal and become motivated to go back to work, sometimes in a field helping others.</p>	<p>We will provide a survey to individuals we work with to show the benefits our organization provides as it relates to employment and economic activity.</p>
<input checked="" type="checkbox"/> Increase tourism	<p>If travelers do not feel safe coming to Florida it will have a direct impact on tourism in our state. We believe that state support of our program will indicate a commitment to creating a safer Florida. The more cold cases we can help solve the more "bad guys" off the street and unable to</p>	<p>We will provide a survey to individuals we work with asking about their fear of traveling within the state.</p>

	harm citizens and tourists.	
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Funding this project would create to full-time jobs and allow for part-time administrative assistance.	Right now we have one employee that gets paid when funding allows. This funding would immediately increase the staff.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Not only would it impact the economic self sufficiency of the individuals employed but we believe the support and services we offer with translate into more economically self sufficient individuals that we serve.	Being able to compensate employees will automatically translate to economic self sufficiency because there will be no more dependence on entitlement programs.
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Substance abuse has long been tied to depression and with our support and services we believe a reduction in that abuse is likely. As our survivors heal and progress through their grief journey the need to mask the pain will also ease.	We will provide a survey to individuals we work with to show the benefits our organization provides as it relates to past substance abuse issues.
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		

<input type="checkbox"/> Other (Please describe):		
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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?
1. Amount Requested from the State in this Appropriations Project Request:	75,000	47.5%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	58,000	36.7%	Yes
4. Local:	25,000	15.8%	Yes
5. Other:	0	0.0%	No
TOTAL	158,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No