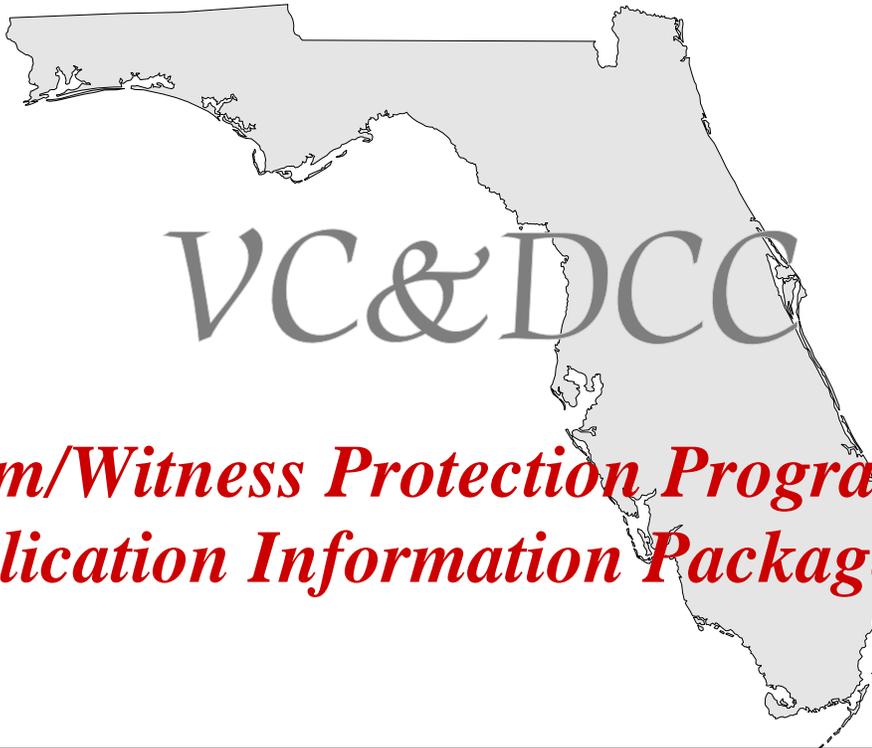


# Violent Crime and Drug Control Council



## *Victim/Witness Protection Program Application Information Package*

For Additional Information, Please contact:

Florida Department of Law Enforcement  
Violent Crime & Drug Control Council  
P.O. Box 1489  
Tallahassee, Florida 32302  
Phone: (850) 410-8300

# VICTIM/WITNESS PROTECTION PROGRAM REIMBURSEMENT APPLICATION

*Pursuant to Rule 11N-1.0009*

## **FUNDING PROCEDURES INSTRUCTIONS**

### ***Purpose***

The Victim/Witness Protection Review Committee was created within the Violent Crime and Drug Control Council. This committee is responsible for reviewing and approving or denying, in whole or in part, all requests for reimbursement of Victim/Witness Protection funding.

### ***Definitions***

**Victim or witness at risk of harm:** Pursuant to 914.25(1)(a), F.S., this means a victim or witness who, as a result of cooperating in an investigation or prosecution of a *serious felony offense*, has been subjected to violence or other forms of intimidation, or who is the subject of a substantial threat to commit violence. The term also includes a member of the victim's or witness's immediate family.

**Serious felony offense:** Pursuant to 914.25(1)(b), F.S., this means one of the following offenses, including an attempt, solicitation or conspiracy to commit one of the following offenses: murder, manslaughter, sexual battery, aggravated stalking, aggravated battery, carjacking, home invasion robbery, burglary, arson, robbery, kidnapping, racketeering or trafficking in a controlled substance.

### ***Requirements***

1. Pursuant to 914.25(3)(b)(1): The Statewide Prosecutor or State Attorney may determine whether an identified victim or witness at risk of harm is critical to a criminal investigation or prosecution. **If the victim or witness at risk of harm is deemed critical, the Statewide Prosecutor or the State Attorney may certify that the person(s) receive protective services.**
2. Pursuant to 914.25(4)(a): When a victim or witness is certified, a law enforcement agency, in consultation with the certifying Statewide Prosecutor or State Attorney, may provide appropriate protective/relocation services.
3. Pursuant to 914.25(4)(b): Protective services may be provided for **up to 1 year** or until the risk giving rise to the certification has diminished, whichever occurs sooner. If deemed necessary, the Statewide Prosecutor or the State Attorney may re-certify a victim or witness at risk of harm **annually for a total certification period of no more than 3 years.**

### ***How to Make a Funding Request***

1. Requests must include certification of the victim/witness from the Statewide Prosecutor or State Attorney of the jurisdiction from which the investigation or prosecution resides.
2. The Agency Head and Chief Financial Officer must certify that the expenses claimed were true and correct.
3. The agency must attach an itemization of expenses, clearly indicating expenses to be distributed to agencies other than the lead agency if applicable.

**NOTE:** Do not state expenses as "miscellaneous." The agency must provide copies of receipts of expenditures. No reimbursement funding shall be provided for expenses incurred in an **agency's previous fiscal year.**

In order to ensure that a request is presented to the Council, the requesting agency should submit the funding request at least 30 days prior to the next scheduled Violent Crime and Drug Control Council meeting.

**Please mail your requests to:**

**Florida Violent Crime and Drug Control Council  
c/o Florida Department of Law Enforcement  
Investigations and Forensic Science  
P. O. Box 1489  
Tallahassee, Florida 32302**

An FDLE designee, will prepare an overview of each funding request to be presented to the Victim/Witness Protection Review Committee for review.

# VICTIM/WITNESS PROTECTION PROGRAM REIMBURSEMENT APPLICATION

FDLE-Investigations and Forensic Science Case # \_\_\_\_\_

1. Check Here If This Is A First-Time Request
2. Check Here If This Is A Supplemental Request (*Victim/witness previously funded*)
3. Check Here If This Is A Renewal Of A Previous Certification (*Original certification has expired*)

**NOTE: If 2 or 3 are checked above, please attach a Word document to indicate previous award dates and amounts.**

## PROSECUTORIAL INFORMATION

Prosecuting Entity:  State Attorney's Office  Statewide Prosecutor's Office

Trial Prosecutor's Name(s) \_\_\_\_\_

Please indicate the ORIGINAL date of Certification of the victim/witness: \_\_\_\_\_

Re-certification Date: \_\_\_\_\_

Pursuant to F.S. 914.25(3)(b), once identified as in a potential risk of harm, a state attorney or the statewide prosecutor must certify a victim or witness as being critical to a criminal investigation or prosecution and eligible for protective services or in need of protective services and temporary relocation services. Please complete the following to assist the Victim/Witness Protection Review Committee in evaluating your reimbursement request:

Protection/Relocation Person(s)    Race/Sex    DOB (MM/DD/YY)    Social Security Number

CONFIDENTIAL

Prosecution Case Number (s): \_\_\_\_\_

Status (*i.e., projected trial date*): \_\_\_\_\_

*I certify the above listed person(s) have been deemed critical and are eligible for services as authorized by Section 914.25, Florida Statutes:*

\_\_\_\_\_  
Print Name of Certifying State Attorney/Statewide Prosecutor

State Attorney/Statewide Prosecutor's Signature/Date: \_\_\_\_\_

## LAW ENFORCEMENT INFORMATION

Lead Law Enforcement Agency: \_\_\_\_\_

Lead Agency Fiscal Year: \_\_\_\_\_

(Month/Year)    TO    (Month/Year)

Physical Address: \_\_\_\_\_

Lead Agency Federal Identification (FEID) #: \_\_\_\_\_

Lead Agency Contact Person: \_\_\_\_\_

Contact's Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact's Email Address: \_\_\_\_\_

Agency Case Number(s): \_\_\_\_\_

Other Agencies to be Reimbursed: \_\_\_\_\_

*I certify that the expenses claimed have been incurred as noted and are true and correct to the best of my knowledge and belief.*

Lead Agency Head (*Print Name*): \_\_\_\_\_

Signature: \_\_\_\_\_

Lead Agency Chief Financial Officer (*Print Name*): \_\_\_\_\_

Signature: \_\_\_\_\_

# VICTIM/WITNESS PROTECTION PROGRAM REIMBURSEMENT APPLICATION

## PROTECTIVE SERVICES EXPENSES

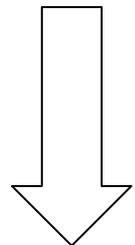
- Overtime Salary for law enforcement or security officer(s) involved  
Attach detailed itemization of expenses, clearly indicating expenses to be distributed to agencies other than the lead agency \$ \_\_\_\_\_
- Cost of equipment rented or leased for specific purpose of providing protective service in this case  
Attach detailed itemization of expenses, clearly indicating expenses to be distributed to agencies other than the lead agency. \$ \_\_\_\_\_  
(Do not include equipment purchased by the agency that can or will be used in other applications. If equipment is leased for a long term, you may claim the pro-rated portion of the lease in which the equipment was utilized for protective purposes.)
- Cost of equipment purchased for specific purpose of providing protective services in this case.  
Attach detailed itemization of expenses, clearly indicating expenses to be distributed to agencies other than the lead agency. \$ \_\_\_\_\_  
(If equipment is retained in agency's inventory for future use, claim only the portion of the value of the equipment allocated to its use in the protective services and explain method of pro-rated valuation).
- Other costs directly incurred by reason of providing protective services.  
Attach detailed itemization of expenses, clearly indicating expenses to be distributed to agencies other than the lead agency. (For example: you may claim the basic cost of providing a cellular phone to a victim, but should exclude airtime charges not directly attributable to the victim's need for protective service.) \$ \_\_\_\_\_

## RELOCATION EXPENSES

- Temporary relocation service  
Attach detailed itemization of expenses, clearly indicating expenses to be distributed to agencies other than the lead agency. **(NOTE: Do not state expenses as "miscellaneous".)** \$ \_\_\_\_\_  
Expenses must occur during the period of protection and be directly associated with protective services. Do not claim expenses that would not be incurred by the victim or witness had he or she not been in the protection program. Do not include expenses that will automatically be reimbursed (e.g., security deposits)

**(NOTE: THE VICTIM/WITNESS PROTECTION REVIEW COMMITTEE MAY REIMBURSE ALL, A PART, OR NONE OF THE AMOUNTS REQUESTED.)**

TOTAL REQUESTED: \_\_\_\_\_



(To be completed by FDLE/IFS)

Total Amount Approved: \$ \_\_\_\_\_ by the Council on \_\_\_\_\_  
(date)

# Victim Witness Protection Program Reimbursement Application

*Rule Reference 11N-1.004 and 11N-1.005, F.A.C.*

## Florida Department of Law Enforcement State Financial Assistance

Chapter 11N-1.004(3) requires in part "...Requesting agencies shall retain documentation supporting expenditures from the Account and make these available during the annual evaluation and audit of the trust fund."

### The box below will be completed by FDLE:

The Florida Department of Law Enforcement (herein referred to as FDLE) may award state financial assistance in the amount of \$ \_\_\_\_\_ to the \_\_\_\_\_ (Requesting Agency, herein referred to as Recipient) on \_\_\_\_\_ (Date) as follows:

### To be completed by requesting agency:

- Violent Crime Investigations**, Catalog of State Financial Assistance # 71.004, Appropriation Category # 109701, Violent Crime Investigative Emergencies
- Drug Control/Money Laundering Investigations – Matching Funds**, Catalog of State Financial Assistance # 71.005 Appropriation Category # 109701, Violent Crime Investigative Emergencies
- Victim or Witness Assistance**, Catalog of State Financial Assistance # 71.006, Appropriation Category # 040000, Expenses

The administration of the resources awarded by the FDLE to the Recipient may be subject to audits and/or monitoring by the FDLE as described below:

### MONITORING

In addition to reviews of audits conducted in accordance with Section 215.97, F.S., monitoring procedures may include, but not be limited to, on-site visits by the FDLE staff and/or other procedures. By accepting the award, the Recipient agrees to comply and cooperate with any monitoring procedures/processes deemed appropriate by the FDLE. In the event the FDLE determines that a limited scope audit of the Recipient is appropriate, the Recipient agrees to comply with any additional instructions provided by the FDLE staff to the Recipient regarding such audit. The Recipient further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by Florida's Chief Financial Officer or Auditor General.

### AUDIT

As a non-state entity defined by Section 215.97(2)(m), Florida Statutes, the Recipient may be subject to audit requirements as provided below:

In the event that the Recipient expends a total amount of all state financial assistance equal to or in excess of \$500,000 in any fiscal year of the Recipient, the Recipient must have a State single or project-specific audit for such fiscal year in accordance with Section 215.97, Florida Statutes, applicable rules of the Executive Office of the Governor and the Department of Financial Services, and Chapter 10.550 (local governmental entities), Rules of the Auditor General. In determining the state financial assistance expended in its fiscal year, the Recipient shall consider all sources of state financial assistance, including state financial assistance received from the FDLE, other state agencies, and other non-state entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a non-state entity for Federal program matching requirements.

In connection with the audit requirements, the Recipient shall ensure that the audit complies with the requirements of Section 215.97(8), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2)(e), Florida Statutes, and Chapter 10.550 (local governmental entities), Rules of the Auditor General.

If the Recipient expends less than \$500,000 in state financial assistance in its fiscal year, an audit conducted in accordance with the provisions of Section 215.97, Florida Statutes, is not required. In the event that the Recipient expends less than \$500,000 in state financial assistance in its fiscal year and elects to have an audit conducted in accordance with the provisions of Section 215.97, Florida Statutes, the cost of the audit must be paid from the non-state entity's resources (i.e., the cost of such an audit must be paid from the Recipient's resources obtained from other than State entities).

Information to help facilitate the Recipient's compliance with the requirements may be found at the following web sites:

- Auditor General - <http://www.state.fl.us/audgen/pages/localgovt.htm>
- Department of Financial Services (Chief Financial Officer) - <https://apps.fldfs.com/fsaa/>

# Victim Witness Protection Program Reimbursement Application

*Rule Reference 11N-1.004 and 11N-1.005, F.A.C.*

## **NOTICE OF EXEMPTION FROM AUDIT**

If the Recipient expends less than \$500,000 in all state financial assistance in its fiscal year and is exempt from the audit requirements, the Recipient's Chief Financial Officer or designee shall provide written notice of exemption to the FDLE. The notice of exemption from audit shall include the Recipient's fiscal year, name of the state financial assistance award from the FDLE, catalog of state financial assistance number, amount of the award, and statement that the Recipient is exempt from the audit requirements for its fiscal year due to the threshold requirements for an audit.

The notice of exemption from audit shall be submitted by March 1 following the end of the Recipient's fiscal year to the:

Florida Department of Law Enforcement  
Investigations & Forensic Science  
P. O. Box 1489  
Tallahassee, Florida 32302

## **REPORT SUBMISSION**

If a copy of the financial reporting packages required by this agreement is already submitted by or on behalf of the Recipient to FDLE because of federal single audit requirements, another audit reporting package does not need to be submitted.

Recipients, who do not already submit to FDLE a copy of the financial reporting packages required by this agreement, should send an audit report directly to each of the following:

Florida Department of Law Enforcement  
Investigations & Forensic Sciences Program Office  
P. O. Box 1489  
Tallahassee, Florida 32302

Auditor General's Office  
Room 401, Pepper Building  
111 West Madison Street  
Tallahassee, Florida 32399-1450

Any reports, management letter, or other information required to be submitted to the FDLE pursuant to this agreement shall be submitted timely in accordance with Florida Statutes, and Chapter 10.550, Rules of the Auditor General.

When submitting financial reporting packages to the FDLE for audits done in accordance with Chapter 10.550, Rules of the Auditor General, the Recipient should indicate the date that the reporting package was delivered to the Recipient in correspondence accompanying the reporting package.

## **RECORD RETENTION**

The Recipient shall retain sufficient records demonstrating its compliance with the terms of this agreement for a period of five years from the date the audit report is issued, and shall allow the FDLE or its designee, Florida's Chief Financial Officer or Auditor General access to such records upon request. The Recipient shall ensure that audit working papers are made available to the FDLE or its designee, Florida's Chief Financial Officer or Auditor General upon request for a period of five years from the date the audit report is issued, unless extended in writing by the FDLE.

## **SIGNATURES**

Please sign below to indicate agreement with the terms:

\_\_\_\_\_  
Signature of Agency Head

\_\_\_\_\_  
Print/Type Title & Name (Agency Head)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chief Financial Officer or Designee

\_\_\_\_\_  
Print/Type Title & Name (Chief Financial Officer/Designee)

\_\_\_\_\_  
Date