



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Florida Veterans Foundation

2. **Senate Sponsor:** Victor Torres

3. **Date of Submission:** 12/04/2017

4. **Project/Program Description:**

Veterans Outreach and Best Practices through education

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Veterans Affairs

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
350,000		350,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 350,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

350,000

11. Program Performance:

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

To meet the needs of Florida's over 1.6 million Veterans and Families related to overall health and welfare.

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

To meet the needs of Florida's over 1.6 million Veterans and Families related to overall health and welfare.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	President	65,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel, Veterans statewide	245,000



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	emergency financial assistance, education, employment, community outreach, benefits guides, mental health/PTSD, transportation, homeless stand downs, Veterans in Assisted Living Facilities, Suicide prevention, Capitol Veterans Memorial.	
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Accounting, Auditing, Outreach	40,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		350,000

d. What are the direct services to be provided to citizens by the appropriations project?

Outreach, education of benefits and best practices of resources

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

500,000 Veterans and Families

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

Improved Health and Welfare of Veterans. Measured by numbers served.

g. 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?

Financial penalties will be imposed for failing to meet deliverables or performance measures.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

none

13. Requestor Contact Information:

a. Name: DENNIS O BAKER

b. Organization: FLORIDA VETERANS FOUNDATION



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- c. Email: bakerd@fdva.state.fl.us
- d. Phone Number: (850)488-4181

14. Recipient Contact Information:

- a. Organization: FLORIDA VETERANS FOUNDATION
- b. County: Statewide
- c. Organization Type:
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. Contact Name: Dennis O. Baker
- e. E-mail Address: bakerd@fdva.state.fl.us
- f. Phone Number: (850)488-4181

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone Number: