



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** FSU - Tallahassee Veteran Legal Collaborative

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 12/08/2017

4. **Project/Program Description:**

More than a dozen local agencies, veterans' organizations, and atty assn's and services have collaborated with Florida State University College of Law to coordinate legal and related services to Veterans and their families in the Capital area. Hundreds of Veterans have requested help and more than 100 attys have given pro bono assistance through Veterans Stand Downs (2013-2017), and weekly walk-in legal clinics at the local American Legion Post in Tallahassee.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Education

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
400,000		400,000

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	33,000	3.7%
Other	450,000	51.0%
TOTAL	483,000	54.7 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 883,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18



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d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (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:		200,000	200,000

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

Yes

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

\$400,000

11. Program Performance:

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

Legal services to veterans, especially at-risk veterans

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

FSU veteran clinic with law students; hundred pro bono attys involved in legal help

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	ADM ASST	20,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Database, other	20,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input checked="" type="checkbox"/> Salary and Benefits	FSU Veteran Clinic Director	153,750
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Drivers license costs, litigation, supplies, travel, etc.	30,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Paralegals, case mgt, attys, etc	176,250
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		400,000

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

Legal intakes, research, referrals, representation when appropriate, advocacy with agencies

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

Veterans

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

Compilation of veterans' request

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?

Pro rata reduction in funding, maybe requiring adjustment to 4th quarter appropriation?

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:** Dan Hendrickson
- b. **Organization:** Tallahassee Veterans Legal Collaborative
- c. **Email:** danbhendrickson@comcast.net
- d. **Phone Number:** (850)570-1967

14. Recipient Contact Information:

- a. **Organization:** Florida State University
- b. **County:** Leon
- c. **Organization Type:**
 - ☐ For Profit



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- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☒ University or College
- ☐ Other (Please specify)

d. Contact Name: Jennifer Lavia

e. E-mail Address: jlavia@law.fsu.edu

f. Phone Number: (850)644-9928

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

a. Name: Kathleen Mears

b. Firm: Florida State University

c. Email: kmears@fsu.edu

d. Phone Number: (850)251-4466