

The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

LFIR # 2104

- 1. **Project Title** American Legion Post 270 Walk-in Cooler/Freezer
- 2. Senate Sponsor Tom Wright
- 3. Date of Request 11/12/2019

4. Project/Program Description

State Agency contacted?

WE HAVE SUBMITTED ALL ARCHITECTURAL PLANS, ETC. TO THE CITY OF PORT ORANGE. WE SHOULD HAVE THE BUILDING PERMIT ISSUED BY NEXT WEEK. THE BUILDING WAS TOTALLY DESTROYED IN A FIRE IN JANUARY 2019 (SEE ATTACHED LETTER). WE WILL BE INCREASING THE PHYSICAL SIZE OF THE BUILDING Y ABOUT 1200 SQUARE FEET TO ALLOW MORE "ELBOW" ROOM FOR OUR 600 VETERANS AND THEIR FAMILIES. ONE ITEM THAT WILL BE NECESSARY FOR CONTINUED SERVICE TO OUR PATRONS IS A WALK-IN COOLER AND FREEZER. WE SERVE DAILY LUNCHES AND DINNERS THREE OR FOUR DAYS A WEEK.

5. State Agency to receive requested funds

Department of Veterans' Affairs

6. Amount of the Nonrecurring Request for Fiscal Year 2020-2021

| Type of Funding | Amount | |
|-----------------------------|--------|--|
| Operations | 41,000 | |
| Fixed Capital Outlay | 000 | |
| Total State Funds Requested | 41,000 | |

○ Yes ● No

7. Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)

| Type of Funding | Amount | Percentage | |
|--|--------|------------|--|
| Total State Funds Requested (from question #6) | 41000 | 100.0 % | |
| Matching Funds | | | |
| Federal | 00 | 0 % | |
| State (excluding the amount of this request) | 00 | 0 % | |
| Local | 00 | 0 % | |
| Other | 00 | 0 % | |
| Total Project Costs for Fiscal Year 2020-2021 | 41,000 | 100 % | |

8. Has this project previously received state funding? \bigcirc Yes \odot No

If yes, provide the most recent instance:

| Fiscal Year | Amount | | Specific | |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | Vetoed |
| | | | | |

9. Is future-year funding likely to be requested? O Yes O No

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

| Spending Category | Description | Amount | |
|--|--|--------|--|
| Administrative Costs: | | | |
| Executive Director/Project Head Salary and Benefits | | | |
| Other Salary and Benefits | | | |
| Expense/Equipment/ Travel/Supplies/Other | | | |
| Consultants/Contracted Services/Study | | | |
| Operational Costs: Oth | er | | |
| Salary and Benefits | | | |
| Expense/Equipment/ Travel/Supplies/Other | THE POST WILL BE NEEDING A NEW WALK-IN COOLER/FREEZER TO SERVICE OUR 600 VETERANS AND THEIR FAMILIES. LUNCHES AND DINNERS | 41,000 | |
| Consultants/Contracted Services/Study | | | |
| Fixed Capital Construction/Major Renovation: | | | |
| Construction/Renovation/ Land/Planning Engineering | | | |
| Total State Funds Re | 41,000 | | |



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11. Program Performance

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

WE WILL BE ABLE TO SERVICE OUR 600 VETERANS AND THEIR FAMILIES

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

We will be able to have lunches and dinners available for those Veterans that normally frequent our Post Home for same as well as camaraderie with other Veterans.

c. What direct services will be provided to citizens by the appropriation project?

WE WILL ALSO BE ABLE TO SUPPORT OUR MANY LEGION PROGRAMS AND CHARITIES., SUCH AS BOY'S/GIRL'S STATE, SPECIAL OLYMPICS, EMORY BENNETT VA NURSING HOME IN DAYTONA BEACH AS WILL AS THE OTHER AMERICAN LEGION NATIONAL/LOCAL PROGRAMS.

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

AS NOTED ABOVE, WE HAVE APPROXIMATELY 600 VETERANS AND FAMILY MEMBERS WHO FREQUENT OUR POST HOME. MANY OF THESE VETERANS LIVE BY THEMSELVES (NEARBY) AND/OR ARE WIDOWED/DIVORCED AND THE AMERICAN LEGION POST 270 IS THEIR SECOND HOME. THEY COME FOR COFFEE IN THE MORNING, LUNCH AND DINNER LATER AND THE CAMARADERIE OF OTHER VETERANS.

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

WE SHOULD SHOW SIGNIFICANT INCREASE IN ACTIVE MEMBERSHIP WITH THE NEW POST HOME. WE ARE GOING TO BE A SMOKE FREE (NON-SMOKING) VETERANS POST. BY GOING NON-SMOKING, IT WILL ALLOW MANY OF OUR VETERANS WHO HAVE MEDICAL ISSUES SUCH AS COPD, CANCER, EMPHYSEMA, ETC. TO ENJOY THE CAMARADERIE OF OTHER VETERANS WITH WHOM THEY HAVE MUCH IN COMMON.

f. 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?

Standard penalties are sufficient.



d. Phone Number

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

| | Include the relatio | onship between the owners of th | e facility and the entity. | | |
|-----|--|---------------------------------|----------------------------|--|--|
| | WALT ZACK MEMOR | RIAL AMERICAN LEGION POST 270 | | | |
| | | | | | |
| | | | | | |
| 13. | Requestor Contact | t Information | | | |
| | a. First Name | BOB | Last Name MCLAUGHLIN | | |
| | b. Organization WALT ZACK AMERICAN LEGION POST 270 | | | | |
| | c. E-mail Address | AMERICANLEGIONPOST270FL | @GMAIL.COM | | |
| | d. Phone Number | (386)295-7007 | Ext. | | |
| 14. | Recipient Contact | Information | | | |
| | a. Organization | WALT ZACK AMERICAN LEGIO | N POST 270 | | |
| | b. Municipality and | County Volusia | | | |
| | c. Organization Typ | De | | | |
| | For-profit Entity | | | | |
| | O Non-Profit s | 501(c) (3) | | | |
| | O Non-Profit s | 501(c) (4) | | | |
| | Local Entity | 1 | | | |
| | University c | or College | | | |
| | Other (plea | se specify) VETERANS ORGANIZ | ATION - 501 (C) 19 | | |
| | d. First Name | BOB | Last Name MCLAUGHLIN | | |
| | e. E-mail Address | AMERICANLEGIONPOST270FL@ | GMAIL.COM | | |
| | f. Phone Number | (386)2957007 | | | |
| 15. | Lobbyist Contact I | Information | | | |
| 10. | a. Name | None | | | |
| | b. Firm Name | None | | | |
| | | | | | |
| | c. E-mail Address | | | | |

Ext.