



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2129

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The Veterans Assistance Center project is intended to reduce the number of homeless Veterans living in St Lucie, Martin & Indian River Counties by providing a safe and secure environment in which they can receive comprehensive case management referrals, drug and alcohol addiction counseling, referral to mental health and medical treatment, Veteran Service Officer benefit services, and other assistance as needed by individual participants. Twelve to twenty-four month housing program.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

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

Type of Funding	Amount
Operations	<input style="width: 100%;" type="text" value="000"/>
Fixed Capital Outlay	<input style="width: 100%;" type="text" value="875,000"/>
Total State Funds Requested	875,000

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)	<input style="width: 100%;" type="text" value="875000"/>	<input style="width: 100%;" type="text" value="100.0 %"/>
Matching Funds		
Federal	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0 %"/>
State (excluding the amount of this request)	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0 %"/>
Local	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0 %"/>
Other	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0 %"/>
Total Project Costs for Fiscal Year 2020-2021	875,000	100 %

8. **Has this project previously received state funding?** Yes No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

9. **Is future-year funding likely to be requested?** Yes 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		<input style="width: 100%; height: 20px;" type="text"/>
Other Salary and Benefits		<input style="width: 100%; height: 20px;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 100%; height: 20px;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 100%; height: 20px;" type="text"/>
Operational Costs: Other		
Salary and Benefits		<input style="width: 100%; height: 20px;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 100%; height: 20px;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 100%; height: 20px;" type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Funds to be used entirely for site infrastructure and development, impact and permit fees, planning & engineering, and construction.	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text" value="875,000"/>
Total State Funds Requested (must equal total from question #6)		875,000



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11. Program Performance

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

To establish a much needed Homeless Veterans Assistance Center dedicated to providing wrap around services to our veteran homeless population located in the Treasure Coast region.

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

The Center will be providing comprehensive case management referrals, drug and alcohol addiction counseling, referral to mental health and medical treatment, Veteran Services Officer benefit services, as well as a twelve to twenty-four month housing program.

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

The Center will be providing comprehensive case management referrals, drug and alcohol addiction counseling, referral to mental health and medical treatment, Veteran Services Officer benefit services, as well as a twelve to twenty-four month housing program.

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

Homeless Veterans that have served in the Armed Services of the United States. The projected is expected to serve 72 homeless veterans.

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

To provide stable and safe housing environment to those individuals who are homeless and have served in the Armed Services of the United States, and counseling for mental health and dependency issues, medical services, case management, and assistance with VA benefit submittal.

- 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?

Failure to meet the deliverables without notification of good reasoning will result in financial penalties as described in contract.



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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.**

The Veterans Services Department of St. Lucie County will be the sole operator and owner, and will be partnering with the Treasure Coast Homeless Services Council.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
 - Non-Profit 501(c) (3)
 - Non-Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.