



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1673

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

4. Project/Program Description

Bring Hope Home-Volusia will allow Volusia County veterans, seniors and homebound disabled residents to receive food box delivery of protein, produce and dry goods to their doorstep. This project will require some building renovation to prepare our current facility to be able to house the food in a safe and clean environment. We would like to purchase two vehicles and have them wrapped for identification purposes for our clients. We will need to purchase our food from Second Harvest Food Bank of Central Florida, as well as provide other toiletries for our clients in this program. We would like to provide gas money and a small stipend of \$5 per stop for our volunteer drivers. This project will also add an expense of insurance for the two vehicles. This program is well needed for Volusian veterans, seniors and disabled homebound residents who have no means of transportation to the area food banks.

5. State Agency to receive requested funds
- State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	400,000
Fixed Capital Outlay	215,000
Total State Funds Requested	615,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	615,000	98%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	15,000	2%
Total Project Costs for Fiscal Year 2024-2025	630,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?
- a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	\$5 per delivery for two delivery drivers as well as \$.65 per mile for gas for deliveries in Volusia County only Uniforms \$1000 2-Cars wrapped \$4,000 2- ford 2023-2024 compact cars \$55,000 for deliveries in Volusia County only. Maintenance/Repairs on vehicles.\$5000 Vehicle Insurance\$5000 Food \$330,000	465,000
Consultants/Contracted Services/Study	IT Consultant/software/equipment \$20,000 Marketing \$10,000	30,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	First Commercial Construction \$100,000 Aircare of Central Florida \$20,000	120,000
Total State Funds Requested (must equal total from question #6)		615,000



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14. Program Performance

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

To offer home delivery to Volusia disabled veterans, seniors and home bound disabled residents of Volusia County that have no means of transportation and are food insecure. Also, we will offer toiletries upon delivery, such as toilet paper, paper towels, adult diapers, etc...

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

Direct food delivery to over 300 households for disabled veterans, seniors and disabled homebound residents on a bi-weekly basis. We will provide protein, produce and dry goods. Also, a renovation to our facility to house the food and equipment for the food. Also, vehicles for the volunteers to deliver in to the entire county for the underserved in this demographics of residents in Volusia County.

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

United States disabled veterans, seniors and homebound disabled who have no transportation to pick up at food banks.

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

Over 300 homes of United States disabled veterans, seniors and homebound disabled who have no transportation to pick up at food banks.

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

Increased distribution of these targeted groups is the benefit we severely need in Volusia County. We will measure outcomes by tracking signed up residents, mileage, and pounds served. Also, we will file all receipts for expenses for this request.

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 the contract?

Our agency feels confident that we can match the deliverables requested. However, if we fall short, we are prepared to return any portion of the funding request that does not meet performance goals.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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)



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- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number