



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2817

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Dellenbach Foundation serves as an emergency funding source. We are focused on providing funds, critical supplies, and volunteer services to Veterans, First Responders, severely ill and injured children and their families where other assistance is unavailable or insufficient. Focus is upon homelessness, substance abuse, and mental and physical conditions that assists those in need to live safe, independent, and law-abiding lives.

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	81,000
Fixed Capital Outlay	0
Total State Funds Requested	81,000

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)	81,000	35%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	50,000	22%
Other	100,000	43%
Total Project Costs for Fiscal Year 2024-2025	231,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	50,000	378	Yes

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.

Grants and profits from local fundraising events.

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

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



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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)?

No

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	Travel expenses to coordinate the services being delivered.	1,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Administrative Assistant to coordinate and document each case from initiation through successful intervention.	5,000
Expense/Equipment/Travel/Supplies/Other	Medical supplies, such as handicap accessible ramps and attendant permits, wheelchairs and medicines; clothing; food; temporary housing; child-care; small bill pay; and any item a Veteran, First Responder, severely ill or injured children, and their families, need in crisis.	10,000
Consultants/Contracted Services/Study	Direct care or consultation to be provided by medical providers and mental health service providers to the targeted population, and general contracted services necessary to address the various immediate needs of the targeted population in crisis. This may encompass services such as movers, landlords, handymen, plumbers, utility repair persons, health care workers, and therapeutic center and counseling service providers.	65,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		81,000

14. Program Performance

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



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

Setting realistic goals concerning, coordination of, and funding for direct services listed below in order to immediately impact Veterans, First Responders, and severely ill or injured children, and their families, in crisis. Pave the way for formulation of a long-term plan for a safe, healthy, and independent life.

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

Housing; food; utilities; medical supplies and medicines; child care; health care; physical health and rehabilitation services; substance abuse services; mental health counseling; small bill pay; any other basic needs of Veterans, First Responders, severely ill or injured children, and their families.

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

The majority of the funds will serve these target populations or groups: Elderly persons, Persons with poor mental health, Persons with poor physical health, Jobless persons, Economically disadvantaged persons, At-risk youth, Homeless, Developmentally disabled, Physically disabled, Drug users (in health services) Preschool students, Grade school students, High school students, and formerly incarcerated persons. Approximately 51 to 100 individuals are expected to be reached.

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

Within 30 days, the target shall have shown marked improvement in the particular physical, mental health, and/or economic issue that was brought to the Foundation's attention. Within 60 days, the target shall have developed a long-term plan for improved health. Within 90 days, the target shall have shown to be substantially self sufficient or connected to programming for sustained positive health.

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?

Failure to meet deliverables or performance measures will result in a return of grant funds to the State.

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