



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2076

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Funding will be used for the required maintenance for continued access to the Network of Care for Veterans and Military Service Members. Trilogy is contracted with DVA to provide the NOC, a software service providing anonymous, free, reliable, quick and easy access to veterans, military service members and their families. NOC provides comprehensive, accurate local information and resources for the military community including (housing, reintegration, employment, behavioral health, local crisis intervention and emergency care).

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: 80%;" type="text" value="135,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	135,000

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: 80%;" type="text" value="135000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	135,000	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: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="335,000"/>	<input style="width: 80%;" type="text" value="575A"/>	<input type="checkbox"/> No

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 type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Operational Costs: Other		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study	Trilogy Network of Care (NOC) is a software service solution through an annual subscription and maintenance.	135,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
Total State Funds Requested (must equal total from question #6)		135,000



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11. Program Performance

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

Funding would be appropriated to the Florida Department of Veterans Affairs for the required maintenance of Trilogy's Network of Care for Veterans, Service Members and their Families for continued access to the NOC.

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

Funding will be used to continue to subscribe to the Network of Care of Care for Veterans, Service Members and their families, which is currently administered through the Department of Veterans Affairs in all regions in Florida. Trilogy NOC is a software service providing a comprehensive collection of services, programs, assistance, support, information, news, networking and much more in a one-stop shop for individuals at the community level.

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

Provide a single source of online local information that is reliable, quick, and easy to access for Veterans, Service Members and their Families. The NOC provides anonymous, free access to information and resources for all components of the military service community; including housing, employment, reintegration, crisis intervention and behavioral health.

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

Veteran and military service individuals of all ages.

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

Improve mental health, quality of education, improve transportation conditions. Also create job opportunities and reduce substance abuse. Methodology is the number of visitors served and number of referrals, both of which will be measured on a monthly basis.

- 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?

Reduction on the subscription fee is applied if the minimum usage is not met.



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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.**

N/A

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.