



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1420

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

4. Project/Program Description

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

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	1,000,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	650,000	300,000	134	Yes

9. Is future funding likely to be requested? Yes
- 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?

No

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

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



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Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Service projects material and operational cost	1,000,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,000,000

12. Program Performance

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

Completing community service projects and encouraging community volunteerism.

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

Funds pay for supplies needed to complete community service projects in Hillsborough, Pinellas, Manatee, and Sarasota counties.

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

Various volunteer projects that help improve neighborhoods and communities. Permanent and non-permanent projects.

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

Lower economically disadvantaged populations of the city, primarily in the urban corridors.

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

To create and encourage a culture of volunteerism in economically challenged communities.

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?

If the group/organizations that are approved for the funds do not deliver the agreed upon outcome, they will not be reimbursed for funds. Standard contract penalties for the contract between the state agency and the organization will be sufficient.

13. 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



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number