



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2316

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Safe, efficient, cost-effective, and quality transportation services are provided to veterans, and transportation disadvantaged citizens of Hernando County. The requested funding would be used to expand door-to-door transportation services, primarily to meet medical and nutritional needs and expand employment access, of veteran clients and their spouses who provide proof of service.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	0
Total State Funds Requested	150,000

7. **Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	150,000	43%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	191,895	55%
Local	0	0%
Other	8,700	2%
Total Project Costs for Fiscal Year 2022-2023	350,595	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.**

Potential sources of funding that could be used in lieu of state funding could include: private donor dollars, fundraising efforts, and/or local funding opportunities.

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.

The Mid Florida Community Services, Inc., program where the requested funding will be used did not receive federal assistance related to the COVID-19 pandemic.

11. 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	Requested funding would be used to expand door-to-door transportation services, primarily to meet medical and nutritional need and expand employment access, of veteran clients and their spouses who provide proof of service.	150,000
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)		150,000

12. Program Performance

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

Veterans and their spouses who show proof of service currently have access to door-to-door transportation services, primarily to meet medical need and nutritional need, at reduced fares. The requested funding would be used to expand the current door-to-door transportation services, to meet not only medical and nutritional need but expand employment access, of veteran clients and their spouses who provide proof of service.

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

Veterans and their spouses who show proof of service currently have access to door-to-door transportation services, primarily to meet medical need and nutritional need, at reduced fares. The requested funding would be used to expand the current door-to-door transportation services, to meet not only medical and nutritional need but expand employment access, of veteran clients and their spouses who provide proof of service.

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

Veterans and their spouses who show proof of service currently have access to door-to-door transportation services, primarily to meet medical and nutritional need, at reduced fares. The requested funding would be used to expand the current door-to-door transportation services, to meet not only medical and nutritional need but expand employment access, of veteran clients and their spouses who provide proof of service.

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

Target population to be served: elderly persons; persons with poor physical health; economically disadvantaged persons; transportation disadvantaged persons; physically disabled; Veterans.

More than 800 in the target population to be served.

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



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be measured?

Improved physical health; improved mental health; improved transportation conditions; enhance specific individual's economic self-sufficiency.

Program staff has the ability to track and measure the number of trips, trip types, and cost-savings as a methodology to realizing the level of benefit or outcome.

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 will result in a return of funds to administering agency.

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 this request is not a request for fixed capital outlay.



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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