



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1433

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

4. Project/Program Description

The National Association of Veterans and Families (NAVF) is a 501(c)3 non-profit organization that was founded in 2008 as very little information regarding VA benefits from the VA and from the state existed. The first part of our mission is to educate the veteran community. The second part is to assist senior veterans, their spouses and widows from WWII, Korea, and Vietnam in qualifying for benefits. We specialize in helping senior veterans and family members get all the benefits they have earned and deserve from the Veterans Administration. We provide all of our services at no charge to the veteran. Last year we had over 120 workshops in Florida. We filed over 1200 claims and recovered over \$36,000,000 in benefits for the veteran and family members. Over a three-year period, that equates to \$108,000,000 in Medicaid savings to the state. NAVF takes great care in filing claims with over a 99% success rate. Our funding comes from our corporate community and from individuals.

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

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	360,000
Fixed Capital Outlay	0
Total State Funds Requested	360,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	360,000	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 2023-2024	360,000	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.

In addition to state funds, the National Association of Veterans and Families is raising funds through private donations and corporate donations.



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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.

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

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	Retain four veteran claim agents to assist and verify individual needs of senior veterans and family members in crisis. Hire two new claims agents	260,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Retain a public speaker and a community liaison person	100,000
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)		360,000

14. Program Performance

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



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Funds will be used to help senior Veterans who need assistance obtaining benefits from the VA A&A program, the VA Directed Care program and other little-known programs.

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

First of all is to educate the veteran community through seminars either direct or by zoom. Further, serving senior veterans and spouses/widows in need of additional VA benefits. We help them navigate a process that can be difficult and confusing.

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

Direct services consist of phone, in person, and zoom calls with adult children of the senior veteran/spouse. This is especially important as we currently see 7 to 10 dementia cases a day. These veterans are unable to navigate the system as many times children reside in another state.

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

Florida currently has the 3rd largest population of any state with a large number of veterans moving to Florida. Based on our current data, we predict over 20,000 phone calls, 200 seminars, 2000 claims, and 1500 claim approvals. That will produce over 37 million in benefits annually for the veterans costs of care. That will greatly reduce Medicaid claims for the state.

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

The expected benefit to the veteran and/or spouse is that they have the additional funds to choose the level of care that they require without having to go to a nursing home and rely on Medicaid. The VA money is federal money-not Florida state money.

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?

To refund to the state any unused funds

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)
- Local Entity



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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