



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1788

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Page Indigent Funeral Assistance Program will provide a dignified professional burial or cremation service for any elderly, juvenile or military deceased person who does not have burial insurance in Duval and surrounding counties.

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	275,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>275,000</b>

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)	275,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>275,000</b>	<b>100%</b>

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.

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

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Funeral Director and Cremation Technician	100,000
Expense/Equipment/Travel/Supplies/ Other	Removal Service, Crematory Fee, Caskets, Urns, Cemetery, Cremation Approval Fee, Alternative containers, Embalming and use of equipment.	175,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/ Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>275,000</b>

### 14. Program Performance

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

Page Indigent Funeral Assistance Program will provide a dignified professional burial or cremation service for any elderly, juvenile or military deceased person who does not have burial insurance in Duval and surrounding counties.

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

Economic growth of this company will make it possible to hire additional personnel.

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

Creating a new full time position for a Licensed Funeral Director and Cremation Technician



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

Elderly persons; Economically disadvantaged persons; At-risk youth; Preschool students; Grade school students; High school students; University/college students; and Veterans. Expect to serve 25-50 persons.

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

Page Indigent Funeral Assistance program will pay for the disposition of elderly, juvenile and veterans with no burial insurance and who cannot afford to funeralize their loved ones. This program will allow families to bury or cremate their loved one.

**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?**

No money should be granted to the project until the project can comply to meeting deliverables and performance measures.

**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  
☐ 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



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c. E-mail Address

d. Phone Number