



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1077

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Five STAR Veterans Center helps homeless or displaced veterans who are suffering with Post Traumatic Stress or other behavioral health issues. The current footprint of Five Star is too small to serve the growing need of veterans in our State. Funding will go towards Renovations and expansion of the center to serve more at risk veterans.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

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

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	71%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	400,000	29%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	1,400,000	100%

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	777,538	604A	No

9. Is future-year 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.

Private Fundraising and local/federal grant opportunities.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

07/01/2025

d. What is the estimated completion date of construction?

8/12/2026

e. What funding stream will be used for ongoing operations and maintenance of the project?

Five Star Veterans Center has financial support from private donors and corporations as well as government entities in support of their mission to serve our veterans in-need.

11. 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.

Non Profit 501c3

12. 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		
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	Capital expenses to renovate and add additional space to house residential participants as well as space to grow programming opportunities to serve at-risk veterans.	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

13. Program Performance

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

The Five STAR Veterans Center helps homeless or displaced veterans who are suffering with Post Traumatic Stress or other behavioral health issues. The current footprint of Five Star is too small to serve the growing need of veterans in our State. Funding will go towards Renovations and expansion of the center to serve more at risk veterans.

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

Five STAR Veterans Center is Northeast Florida's only Veterans Housing Community for homeless or displaced veterans, and the first facility in Florida that focuses solely on these men and women. Five Star Veterans Center provides shelter and programming to re-integrate veterans into civilian life. This expansion project will allow for more at risk veterans to be served.



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

Provide evidence-based treatment methods focused on helping to develop solid strategies to promote healthy decision making and to heal emotional/psychological distress of participants.

- Administer random urine drug screens to residents.
- On-site Job Assistance: Access to computer lab, Resume interview support.
- On-site Behavioral Health Services.
- Transportation Support.
- Housing/Meal Support.

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

Veterans with poor mental and physical health, Jobless veterans, Economically disadvantaged Veterans, Formerly incarcerated veterans and drug offenders. The program is expected to serve 800 individuals.

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

Improve mental and physical health, enhance self-sufficiency, reduce recidivism and substance abuse, and divert individuals from the criminal and juvenile justice system.

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?

Penalty- Money per day due to not meeting the minimum requirements as provided.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?



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- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

18. 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 Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number



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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.