



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1434

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 goal is to achieve greater self-determination, independent living, increased financial stability, and improved job skills through an individual Passport to Independence long-term goal achievement plan to help with re-integration to civilian life.

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

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

Type of Funding	Amount
Operating	748,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>748,000</b>

**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)	748,000	53%
<b>Matching Funds</b>		
Federal	438,000	31%
State (excluding the amount of this request)	0	0%
Local	60,000	4%
Other	175,000	12%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,421,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**
- If yes, provide the most recent instance:**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	748,000	602	No

9. **Is future-year 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.**

Mix of Private and other Government funding. Five Star Veterans Centers continues to be aggressive in securing private fundraising dollars to serve the veteran population.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**10. Status of Construction**

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

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?

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

**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.**

**12. 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	Equipment and program material supplies to support the Passport to Independence Program. Assessment materials, tracking support and printing materials / equipment.	50,000
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Funding to support on-site mental health coordinator, who leads the centers efforts and guides staff to meet homeless veterans needs. Funding is also provided for a residential case manager performing the duties as outlined in the approved job description.	200,000
Expense/Equipment/Travel/Supplies/Other	Program residential living expenses for residents- Includes the cost of three meals per day, housing, and approved program activities. Behavioral health assessment instruments to capture veterans baseline symptoms and monitor progress in addressing the symptoms that each individual veteran is suffering from and provide the needed counseling.	498,000
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>748,000</b>

**13. Program Performance**

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



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

Five Star Veteran Center is Northeast Florida's only veteran housing community for homeless or displaced veterans, and the first facility in Florida that focuses solely on these men and women.

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

Five Star Veterans Center provides 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 and alcohol screens to residents.

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

Persons with poor mental and/or physical health, jobless and economically disadvantaged persons, homeless, drug users and/or offenders, currently or formerly incarcerated persons, and veterans.

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

Improve physical and mental health, enhance economic self-sufficiency, reduce recidivism and substance abuse, and divert 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?**  No

**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:**



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

- 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**



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c. E-mail Address

d. Phone Number

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