



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1682

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Mission statement is to support our active duty and retired military by distributing donations to active duty and retired military in Florida and at forward operating bases. This funding would provide for operational costs for a fiscal year.

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	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

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)	250,000	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 2025-2026	250,000	100%

8. Has this project previously received state funding? No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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 donations

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)?

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director 60,000	60,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Director of operations Warehouse manager	80,000
Expense/Equipment/Travel/Supplies/Other	Shipping, truck rental, gas, warehouse, and rent	110,000
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)		250,000

13. Program Performance

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

The mission of Support The Troops Inc. is to offer assistance to our military community. These funds will be utilized to distribute donations to active duty and retired military in Florida, as well as to forward operating bases worldwide.

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

Support the Troops utilizes volunteers to sort and pack the donations for distribution. These funds allow for staffing to provide oversight and direction of volunteers, as well as support for facilities and transport of donations to active and retired military personnel.

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



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Citizens who have served in the military will receive donations of food, clothing, mattresses and other items. This material support for those who sacrifice to serve our country in the military also helps to boost morale and mental wellness.

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

Support The Troops distributes donations to both active duty and retired military in the state, with recent estimates of over 60,000 on active duty and over 1.4 million veterans in Florida.

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

Support The Troops offers needed food, clothing, mattresses and other items for our military community. We are able to measure this benefit by the total amount of donations distributed to active duty and retired troops.

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?

Failure to meet the deliverables will result in funding being returned.

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)?

- Yes, Applied
- Yes, Received
- No



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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

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