



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1721

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Continued funding for Recreational Vehicle (previously funded in 2022-23) to be utilized in serving homeless Veterans and others living in compromised situations.

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	110,940
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>110,940</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)	110,940	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 2025-2026</b>	<b>110,940</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		
2022-23	0	160,000	576A	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.

None.

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

10. Status of Construction



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1721

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	Chief Administrator, Project Coordinator and Supervisor.	8,000
Other Salary and Benefits	Two part time specialty Outreach employees - 20 hours per week at \$18 per hour.	43,440
Expense/Equipment/Travel/Supplies/Other	Computers, office supplies, fuel, maintenance, client services.	57,000
Consultants/Contracted Services/Study	Accountant.	2,500
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
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>110,940</b>

13. Program Performance

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

Provide social service contacts to Veterans and their families including counseling, referral, advocacy, and direct social service assistance, including food and limited financial assistance for items such as rent, utilities, special dietary needs. Assist Veterans in finding employment, through counseling and networking on their behalf.

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

Provide social service contacts to veterans and their families including counseling, referral, advocacy, and direct social service assistance, including food and limited financial assistance for items such as rent, utilities, special dietary needs, assist veterans in finding employment, through counseling and networking on their behalf.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1721

Veterans Helping Veterans USA, Inc. will emphasize the unique status and special requirements that Veterans have and need in Marion County, FL. Each Veteran and their family will have hands on service through out the organization which will work as their support system to help with their basic living needs while assisting them in job placement, community involvement, etc.

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

Homeless and at risk veterans.  
401-800.

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

Access to the access to the VA, Dept of Health and other social services agencies, provide food and other necessities to improve their physical health and mental well being as well as access to health agencies.  
Case managers will follow up to ensure clients are accessing and receiving needed services.

**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?**

Standard contract penalties including liquidated damages and the potential for failure to be awarded future contracts due to poor or lack of performance.

**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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1721

- 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**



# The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

LFIR # 1721

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