



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3045

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

The Veteran Connections Hub aims to create a comprehensive resource center in Manatee County to support veterans and their families. Guided by principles of holistic support, community unity, and veteran empowerment, the Hub will provide services such as career counseling, mental health support, entrepreneurial training, and community engagement. Key offerings include assistance with VA benefits, job support, education and training, health and wellness programs, housing resources, and legal aid.

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	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	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	1,000,000	100%

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		

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.

Federal grants, federal appropriations, county allocations.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3045

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
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	Construction of a new hub facility from which services to veterans can be housed.	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?

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

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



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The Hub will provide services such as career counseling, mental health support, entrepreneurial training, and community engagement. Key offerings include assistance with VA benefits, job support, education and training, health and wellness programs, housing resources, and legal aid.

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

All veterans who are residents of Manatee County. The exact number is unknown, though estimated in the hundreds, possibly thousands.

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

The Hub will serve as a centralized resource center, improving the well-being and stability of veterans and their families in Manatee County. It will provide career counseling, mental health support, entrepreneurial training, and community engagement opportunities. Methodology for measuring will include tracking employment and economic stability as well as mental and physical wellness via surveys.

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?

The County would work with the contracting agency throughout the grant period to ensure that all deliverables and performance measures are met. In the case where delays or unexpected barriers occur, the County would request a no-cost extension to successfully complete the project objectives. If needed, the County would also seek additional funding sources to mitigate any issues that arise that might impede completion.

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 # 3045

- 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) Local (County) Government

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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Local Funding Initiative Request

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