



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3177

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

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	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</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)	250,000	67%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	125,000	33%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>375,000</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	500,000	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.

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Intensive case management onsite to work with all the veterans in the program. We have residential staff on-site 24 hours a day to assist our veterans.	135,000
Expense/Equipment/Travel/Supplies/Other	Ongoing maintenance, training for case managers, travel for training and for client to supportive services, supplies, insurances, etc.	115,000
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>250,000</b>

13. Program Performance

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

Funds will be used to provide intensive case management to veterans entering into our supportive housing units. Funds will also be used for maintenance on the building which are long overdue and other miscellaneous repairs/modifications needed. The funds will also be used for general operational needs.

Provide safe, affordable shelter for our veterans.

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



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We provide Intensive Case Management, Resource and Referral Services, Employment related services, drug and alcohol support programs, onsite veterans services with an appointment, financial literacy classes, and assistance with applying for benefits they may be entitled too. We have mentors that will work with the veterans if they so choose to help them stabilize and be successful in housing. We provide supportive shelter for our veterans to assist them in stabilizing and reentering the community.

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

Our primary goal is to shelter our veterans in a safe, clean and affordable housing unit. Veterans will have the opportunity to work with an onsite case manager to ease their transition from being homeless to becoming housed. The case manager will assist them in connecting with all the resources they need to stabilize. We plan to employ veterans, when at all possible because who better to understand what our clients are going through. Currently we employ four veterans. We have several local veteran organizations that volunteer their time in addition to volunteers from our Veterans Court. Our volunteers support our veterans with transportation to appointments, mentoring, community service hours etc. We currently are housing 13 veterans and 2 spouses and two children. With our new project on SR 16 we can house additional veterans there as well.

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

Veterans which include, the elderly, persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, homeless, physically disabled, currently or formerly incarcerated persons, drug offenders, victims of crime and/or drug users in treatment. Once all the renovations are completed and various other maintenance projects we hope to serve between 20-40 veterans at Veterans Village and our SR16 site.

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

The veteran will stabilize and maintain housing permanently; whether they stay at Veterans Village, SR 16 site or move to permanent housing in the community. The veteran will integrate back into the community. Their overall health will improve in addition to the quality of their education, improve job opportunities, economic self-sufficiency, reduce recidivism, reduce substance abuse, divert from the criminal justice system and end homelessness for our veterans. Outcomes will be measured by reduction in ER visits, hospital stays, Baker Acts, increase the number of veterans in program activities, reduction in the number of homeless veterans, provide housing and wrap around services to maintain employment, increase the number of veterans that have increased their income and remained housed, increase the number of veterans that have made successful reentry into the community, reduce the number of veterans in our criminal justice system and reduce the number of shelter stays.

**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?**

Suggested penalties if warranted would be to take a percentage of the loss of the deliverables against the to the grant amount. Take into consideration circumstances as well.

**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



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- 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
- 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



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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.*