



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 2004

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Folds of Honor requests support to provide statewide educational scholarships for Florida spouses and children of fallen or disabled service members and first responders. These families often face significant financial challenges after a service related death or disability. Scholarships will cover verified unmet needs for K through 12 students and higher education students. Folds of Honor directs ninety one percent of annual expenses to scholarship programs. This ensures the funds requested by the State of Florida directly support Florida families who have sacrificed for our safety and freedom.

5. **State Agency to receive requested funds**

**State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2026-2027**

Type of Funding	Amount
Operating	1,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,000,000</b>

7. **Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	33%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	2,000,000	67%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>3,000,000</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		

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.**



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

### 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		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Scholarships for military and first responder families	1,000,000
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>1,000,000</b>

### 13. Program Performance

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

The funds requested will provide direct educational scholarships to Florida spouses and children of fallen or disabled service members and first responders. These families often face significant financial strain after a life altering loss or injury. This support will cover verified unmet needs for K12 and higher education students, reducing the number of unfunded Florida applicants. 91% of annual expenses support scholarship programs, ensuring the funds directly benefit Florida families who have sacrificed for their communities and country.

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



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The funds will provide Florida students with educational scholarships that cover tuition, required fees, textbooks, tutoring, and essential academic expenses. All awards are based on verified unmet need. With ninety one percent of expenses supporting scholarship programs, these funds directly strengthen educational access for families of fallen or disabled heroes.

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

The funds will support Florida families by providing educational scholarships that help students access stable and uninterrupted schooling. Services include assistance with tuition, instructional materials, tutoring support, and other verified academic expenses for K12 and higher education students. Each scholarship is awarded after a thorough review of eligibility and unmet need. With ninety one percent of annual expenses supporting scholarship programs, these funds directly strengthen educational opportunity for Florida families of fallen or disabled heroes.

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

The project serves Florida spouses and children of fallen or disabled service members and first responders. These families have experienced significant sacrifice and often face financial barriers to education. The requested funds are expected to support about one hundred Florida students through full scholarships, with additional students receiving partial assistance.

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

The project will expand educational access for Florida families of fallen or disabled service members and first responders by reducing the number of unfunded applicants. Outcomes will be measured by the number of Florida recipients funded, total scholarship dollars distributed, and recipient academic progress. All data is tracked through the Folds of Honor scholarship portal and verified by the Scholarship Team.

**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 contracting agency may consider withholding a portion of remaining funds, requiring a corrective action plan, or reducing future funding eligibility if deliverables are not met. These penalties would be in addition to standard contract terms and ensure accountability, timely reporting, and full compliance with all performance measures associated with the project.

**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#:**



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**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
- Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**  **Ext.**

**19. Lobbyist Contact Information**



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a. Name	<input type="text" value="Robert F. Stuart Jr."/>
b. Firm Name	<input type="text" value="GrayRobinson PA"/>
c. E-mail Address	<input type="text" value="robert.stuart@gray-robinson.com"/>
d. Phone Number	<input type="text" value="(850)577-9090"/>

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