



The Florida Senate

Local Funding Initiative Request – Fiscal Year 2017-2018

1. Senate Sponsor:

2. Date of Request:

3. Project/Program Description:

4. Amount of Request:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
<input type="text" value="\$275,000.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$275,000.00"/>

5. Total Project Cost (if greater than Total Requested State Funds):

6. Type, Amount and Percent of Match:

Type	Amount	Percent
<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>

7. Was the project previously funded by the State?

Fiscal Year(s)	Amount
<input type="text" value="2015-2016"/>	<input type="text" value="\$100,000"/>
<input type="text" value="n/a"/>	<input type="text" value="Click here to enter text."/>
<input type="text" value="n/a"/>	<input type="text" value="Click here to enter text."/>
<input type="text" value="n/a"/>	<input type="text" value="Click here to enter text."/>

8. Is future-year funding likely to be requested?

9. Program Performance (if needed, include additional documentation):
- How will requested funds be spent? Include supporting documentation.
 - Identify expected program results and the expected benefit associated from the requested funds.
 - Who will benefit from receipt of State funds?
 - What specific measures will be used to document performance data for the project, if it receives funds?

10. Requestor Contact information:
- Name and Title:
 - Organization:
 - E-mail Address:
 - Phone Number:

11. Recipient Contact Information:
- Organization:
 - Municipality and County:
 - Organization type (check all that apply):



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- For-profit Corporation
- Not-for-profit Corporation
- 501c3 entity
- Other (please specify)

501 (c) (3) Applied

d. Contact Name and Title:

John Lehman, CEO & Board Chair

e. E-mail Address:

jlehman@farronline.org

f. Phone Number:

561-502-4608