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The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Veterans of Foreign Wars Department of Florida

Senate Sponsor: Jeff Brandes
 Date of Submission: 12/11/2017

4. Project/Program Description:

Expand the Service Officers Program operated by the Veterans of Foreign Wars, Department of Florida. These officers are accredited by the Department of Veterans Affairs under 38 Code of Federal Regulations 14.626-1463. Veterans Service Officers provide NO-COST representation to assist any Florida veteran or veteran family in receiving the benefits the federal government owes these heroes for their service and sacrifice.

5. State Agency Contacted? Yes

- a. If yes, which state agency? Department of Veterans Affairs
- b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. Amount of Non-recurring Requested for fiscal year 2018-19:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
100,000		100,000

7. Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

Туре	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	350,000	77.8%
TOTAL	350,000	77.8 %

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 450,000

9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? No
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	Α	В	С
Funds Description: Input Amounts:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)

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

Yes

a. If yes, indicate non-recurring amount per year.

100,000

11. Program Performance:

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

Expand the Veterans of Foreign Wars Service Officer Program

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

Expand the Service officer program to assist more Veterans with the VA Claims Process

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☐Executive Director/Project Head Salary and Benefits		
□Other Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
☐Consultants/Contracted Services/Study		
Operational Costs		
☑Salary and Benefits	Salary for 2 Service Officers accredited by the Department	100,000

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	of Veterans Affairs under 38 Code of Federal Regulations 14.626-14.633. To reach out to and assist Veterans with Claims before the VA.	
□Expense/Equipment/Travel/Supplies/Other		
□Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☐Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

d. What are the direct services to be provided to citizens by the appropriations project?

Assisting Veterans with Claims filed with the VA.

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

Veterans in Florida - approximately 6,000.

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

Compensation related to claims assisted by VFW service officers.

- g. 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 Department may terminate the agreement at any time if the warranty made by Veterans of Foreign Wars is false or misleading, or in the event of the failure of the Grantee to fulfill any of its obligations under the agreement. In those events, no payments will be made for deliverables deemed unsatisfactory by the Department. The Grantee may re-perform the services or follow a corrective action plan.
- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

 _n/a
- 13. Requestor Contact Information:

a. Name: Gene Perrino

b. Organization: Veterans of Foreign Wars, Department of Florida

c. Email: gperrino@flvfw.orgd. Phone Number: (352)622-5126



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14. Recipient Contact Information:

- a. Organization: Veterans of Foreign Wars, Department of Florida
- b. County: <u>Statewide</u>c. Organization Type:
 - O For Profit
 - O Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - O Local Entity
 - O University or College
 - Other (Please specify) Title 36 Congressionally chartered Veterans Service Organization
- d. Contact Name: Gene Perrino
- e. E-mail Address: gperrino@flvfw.org
 f. Phone Number: (352)622-5126

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: William Helmichb. Firm: Helmich Consulting

c. Email: bill@helmichconsulting.com d. Phone Number: (850)251-3126