

LFIR # 1452

| 1. | Project Title | Florida Veterans | Foundation - \ | √etera | ns in Emergen | cy Cr | risis Fund | |
|--|--|----------------------|-----------------|-------------------|--|-----------------|--|---|
| 2. | Senate Sponsor | Danny Burgess | | | | | | |
| 3. | Date of Request | 11/08/2023 | | | | | | |
| 4. | Project/Program De | escription | | | | | | |
| | Emergency funds for services to continue food and groceries in | working, and in nee | ns who are in o | dange elief to | er of eviction, los to be able to rem | ss of nain i | utilities, are homele n their homes. Fund | ess, or need necessary ds to supply needed |
| 5. State Agency to receive requested funds Department of Veterans' Affairs | | | | | | | 'S | |
| : | State Agency conta | icted? Yes | | | | | | |
| 6. / | Amount of the Noni | recurring Request | for Fiscal Yea | r 202 | 4-2025 | | | |
| | Type of Funding | | | | | Amo | unt | |
| | Operations | | | | | 1 | | |
| | Fixed Capital Outlay | | | | | | 0 | |
| l | Total State Funds I | Requested | | | | | 360,000 | |
| 7. ⁻ | Total Project Cost f | or Fiscal Year 2024 | 4-2025 (includ | ling n | natching funds | ava | ilable for this proje | ect) |
| | Type of Funding | | | | Amount | | Percentage | 1 |
| | Total State Funds Requested (from question #6) | | | | 360,0 | 000 | 100% | 1 |
| ı | Matching Funds | | | I | | | | |
| | Federal | | | | | 0 | 0% | |
| - | State (excluding the amount of this request) Local | | | | | 0 | 0% | |
| - | | | | | | 0 | 0% | |
| | Other | | | | | 0 | 0% | |
| | Total Project Costs | for Fiscal Year 20 | 24-2025 | | 360,0 | 000 | 100% | |
| 8. | Has this project pre | eviously received s | state funding? | ? [| Yes | | | |
| Fiscal Year | | Amount | | | Specific | | Vetoed | |
| | (уууу-уу) | Recurring | Nonrecurrir | ng | Appropriation # | ነ # | | |
| | 2023-24 | 0 | 360 | ,000 | 59 | 93A | No | |
| 9. | Is future funding lik | cely to be requeste | d? | | Yes | | | |
| | . If yes, indicate nonrecurring amount per year. | | | | 360,000 | | | |
| | b. Describe the sou | urce of funding tha | t can be used | l in lie | eu of state fund | ding. | | |
| | In addition to state donations. | funds, the Florida V | eterans Found | lation | is raising funds | thro | ugh private | |
| 10 | No | | | | | | | 19 pandemic? |
| | If ves. indicate the | amount of funds r | eceived and v | what 1 | ne tunds were | use | d for. | |



LFIR # 1452

| Status of Const | truction | | | | |
|-------------------|----------------------|------------------------------|----------------------|-----------------------------|-----|
| a. What is the cu | urrent phase of t | he project? | | | |
| Planning | O Design | OConstruction N/ | А | | |
| b. Is the project | "shovel ready" | i.e permitted)? | | | |
| c. What is the es | stimated start da | te of construction? | | | |
| d. What is the e | stimated comple | tion date of construction? | | | |
| List the owners | s of the facility to | receive, directly or indirec | ctly, any fixed capi | tal outlay funding. Include | the |

13. 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: Other | | |
| Salary and Benefits | Retain a military Veteran Program Manager to assist and verify individual needs of Veterans in crisis. Hire a part-time intern to assist the Program Manager. All work to be conducted out of the Florida Veterans Foundation spaces. | 60,000 |
| Expense/Equipment/Travel/Supplies/ Other | Emergency funds for services to veterans who are in danger of eviction, loss of utilities, are homeless, or need necessary services to continue working, and in need of disaster relief to be able to remain in their homes. Funds to supply needed food and groceries in emergencies. Examples of grants are to cover unpaid rent or utilities, homeless Veteran Services, emergency transportation costs. | 300,000 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Majo | r Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | | 0 |
| Total State Funds Requested (m | ust equal total from question #6) | 360,000 |

14. Program Performance

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



LFIR # 1452

The specific purpose of these funds will keep Veterans in dire need in their homes and not to become homeless. Additionally, the safety net of the support that the funds will provide will reduce the anxiety in the Veteran's lives.

Additionally, the safety net of the support that the funds will provide will reduce the anxiety in the Veteran's lives.

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

The Program Manager and Intern will work with partners (Project Vet Relief, County Veteran Service Officers, and Veteran Service Organizations) throughout the State to evaluate for acceptance requests from Veterans in need.

| c. What direct services will be provided to citizens by the appropriation project? |
|--|
| Relief from financial hardship, and natural disasters, e.g. hurricanes. |
| d. Who is the target population served by this project? How many individuals are expected to be served? |
| Florida Veterans and their families in financial distress. |
| e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will |
| be measured? |

To return adversely affected Veterans to a stable environment through financial support and/or services. And most importantly to prevent Veterans and their families from becoming homeless.

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 the contract?

As the Direct Support Organization of the Florida Department of Veterans Affairs, the Florida Veterans Foundation is under critical quarterly reporting of all activities. Additionally, the Florida Veterans Foundation is audited by outside firms and the Inspector General.

| 15. Requester Contact | t Informati | ion | | | | | | |
|-----------------------------------|---|--------------------------|-----------|--------|--|--|--|--|
| a. First Name | Dennis O | | Last Name | Baker | | | | |
| b. Organization | Florida Veterans Foundation | | | | | | | |
| c. E-mail Address | dennis.ba | dennis.baker@fdva.fl.gov | | | | | | |
| d. Phone Number | (850)545 | | | | | | | |
| 16. Recipient Contact Information | | | | | | | | |
| a. Organization | a. Organization Florida Veterans Foundation | | | | | | | |
| b. Municipality and | b. Municipality and County Statewide | | | | | | | |
| c. Organization Type | | | | | | | | |
| □For Profit Entity | □For Profit Entity | | | | | | | |
| ☑Non Profit 501(c | ☑Non Profit 501(c)(3) | | | | | | | |
| □Non Profit 501(c)(4) | | | | | | | | |
| □Local Entity | □Local Entity | | | | | | | |
| □University or Co | □University or College | | | | | | | |
| □Other (please sp | □Other (please specify) | | | | | | | |
| d. First Name | Raymond | I | Last Name | Miller | | | | |



LFIR # 1452

| e. E-mail Address | raymond.miller@fdva.fl.gov | | | | | |
|----------------------------------|----------------------------|--|--|--|--|--|
| f. Phone Number | (217)416-5814 | | | | | |
| 17. Lobbyist Contact Information | | | | | | |
| a. Name | None | | | | | |
| b. Firm Name | | | | | | |
| c. E-mail Address | | | | | | |
| d. Phone Number | | | | | | |