

1. Project Title

2. Senate Sponsor

3. Date of Request

Alexis Calatayud

11/07/2023

# The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

United Way of Florida - Income Tax Consulting & Preparation Assistance

**LFIR # 1586** 

| 4. | . Project/Program D  | escription  |  |  |   |  |  |
|----|--|---|--|--|---|--|--|
|    | population (Asset-L<br>meet tax obligations<br>reach of these servi<br>operation. These se | imited, Income-Cons<br>and receive the hig<br>ces and make them<br>ervices will help work<br>I as Earned Income | strained, Emplo<br>phest refund for<br>easier for fami<br>king Florida fam<br>Tax Credits an | yed). V<br>which t<br>lies to u<br>nilies red<br>d educa | ITA helps underschey are eligible. A se by increasing cover hard-earned tion tax credits to | Additional funding wi<br>the number of location<br>I wages that are ofte | n hard-to-reach areas<br>Il further extend the |
| 5. | . State Agency to re   | ceive requested fu  | <b>nds</b> Depa  | artment  | of Commerce   |  |  |
|    | State Agency conta   | acted? Yes  | <u> </u>   |  |   |  |  |
|    | Otate Agency cont  | 100   |  |  |   |  |  |
| 6. | Amount of the Non  | recurring Request   | for Fiscal Yea   | r 2024-2   | 2025  |  |  |
|    | Type of Funding  |   |  |  | Amo   | ount   |  |
|    | Operations   |   |  |  |   | 1,800,000  |  |
|    | Fixed Capital Outlay   | У   |  |  |   | 0  |  |
|    | <b>Total State Funds</b>   | Requested   |  |  |   | 1,800,000  |  |
| _  |  |   |  |  |   |  |  |
| 7. | Total Project Cost   | for Fiscal Year 202   | 4-2025 (includ   | ing mat  | ching funds ava   | ilable for this proje  | ÷ct)   |
|    | Type of Funding  |   |  |  | Amount  | Percentage   |  |
|    | Total State Funds R  | Requested (from que   | stion #6)  |  | 1,800,000   | 50%  |  |
|    | Matching Funds   |   |  |  |   |  |  |
|    | Federal  |   |  |  | 0   | 0%   |  |
|    | State (excluding the   | amount of this requ   | iest)  |  | 0   | 0%   |  |
|    | Local  |   |  |  | 1,800,000   | 50%  |  |
|    | Other  |   |  |  | 0   | 0%   |  |
|    | <b>Total Project Costs</b>   | s for Fiscal Year 20  | 24-2025  |  | 3,600,000   | 100%   |  |
| 0  | llee this wastest wa   |   | -4-4- f  | V  |   |  |  |
| Ο. | . Has this project pr  | eviously received :   | state funding?   | Υe   | <del>;</del> 5  |  |  |
|    | Fiscal Year Amount   |   | ount   | Specific   |   | Vetoed   |  |
|    | (уууу-уу)  | Recurring   | Nonrecurrir  | ng A   | ppropriation #  |  |  |
|    | 2023-24  | 0   | 1,200  | ,000   | 2336A   | No   |  |
| _  | La Catana Can Para P   |   |  | NI   |   |  |  |
| 9. | . Is future funding li   | kely to be requeste   | ea ?   | No   |   |  |  |
|    | a. If yes, indicate n  | onrecurring amou  | nt per year.   |  |   |  |  |
|    | b. Describe the so   | urce of funding tha   | nt can be used   | in lieu  | of state funding  |  |  |
|    |  |   |  |  |   |  |  |
|    |  |   |  |  |   |  |  |
| 10 | 0. Has the entity req  | uesting this projec   | ct received any  | / federa   | ıl assistance rela  | ated to the COVID-   | 19 pandemic?                                   |
|    |  |   |  |  |   |  |  |



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| Yes |  |
|-----|--|
|     |  |

11. Status of Construction

If yes, indicate the amount of funds received and what the funds were used for.

A Paycheck Protection Program loan in the amount of \$47,685 was approved. The funding was used to support payroll costs and address the impact of the COVID-19 pandemic.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

| á   | a. What is the current phase of the project?              |                 |  |       |  |                   |            |  |
|-----|---|-----------------|--|-------|--|-------------------|------------|--|
|     | Planning  | O Design        | Construction                                     | ∙ N/A |  |                   |            |  |
| ŀ   | o. 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? |                 |  |       |  |                   |            |  |
| 12. |   |                 | o receive, directly or<br>rs of the facility and |       |  | outlay funding. I | nclude 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             | Implementation; contract management; statewide oversight; administration and training  | 80,000    |  |  |  |  |
| Other Salary and Benefits                                       |  | 0         |  |  |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other                     | Executive director travel and miscellaneous expenses   | 20,000    |  |  |  |  |
| Consultants/Contracted<br>Services/Study                        |  | 0         |  |  |  |  |
| Operational Costs: Other  |  |           |  |  |  |  |
| Salary and Benefits   |  | 0         |  |  |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other                     | Marketing and statewide and regional training  | 150,000   |  |  |  |  |
| Consultants/Contracted<br>Services/Study                        | Contracts with local United Ways and partner agencies to hire coordinators to identify and secure sites and to provide services through certified IRS certified volunteers | 1,550,000 |  |  |  |  |
| Fixed Capital Construction/Major Renovation:                    |  |           |  |  |  |  |
| Construction/Renovation/Land/<br>Planning Engineering           |  | 0         |  |  |  |  |
| Total State Funds Requested (must equal total from question #6) |  |           |  |  |  |  |

#### 14. Program Performance

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



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Providing enhanced Volunteer Income Tax Assistance (VITA) to working families in the state's ALICE population (Asset-Limited, Income-Constrained, Employed). VITA helps underserved communities in hard-to-reach areas meet tax obligations and receive the highest refund for which they are eligible. Additional funding will further extend the reach of these services and make them easier for families to use by increasing the number of locations and hours of operation.

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

United Ways and their partners will secure donated office space from community partners--non-profit, for-profit and governmental--at which IRS-certified volunteers will help low and moderate income workers complete their federal income tax returns. Site coordinators will be hired to identify, secure and set up the sites, and recruit and help certify volunteer tax preparers, improving accuracy.

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

These services will help working Florida families recover hard-earned wages that are often left on the table in Washington, as well as Earned Income Tax Credits and education tax credits to help cover the cost of higher education. VITA programs also help families save on tax preparation fees and they generate additional state and local taxes, stimulating economic activity.

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

The target population includes low-to-moderate income workers who are members of Florida's ALICE population. It is expected that tens of thousands of individuals will be served.

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

The expected benefits of this project include enhancing individuals' economic self sufficiency by allowing them to keep and utilize more of their hard-earned money for expenses like preventative healthcare, groceries, increased housing costs or needed car repairs. Additional education tax credits obtained through Volunteer Income Tax Assistance will also help individuals in Florida's ALICE population afford the cost of higher education. These resources will set families on the path for long-term financial stability. Finally, significant local sales tax revenue generated from expenditures associated with VITA participants' recovered wages and tax credits will improve economic activity. Outcomes will be measured by IRS reports, documentation by local United Ways, and local and state economic reporting.

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?

c. E-mail Address melissa@uwof.org

d. Phone Number (850)488-8276 Ext.

16. Recipient Contact Information

a. Organization United Way of Florida

b. Municipality and County Statewide

c. Organization Type

□For Profit Entity

☑ Non Profit 501(c)(3)



17.

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| □Non Profit 501(c)(4)                         |                              |           |        |  |  |  |  |
|---|------------------------------|-----------|--------|--|--|--|--|
| □Local Entity                                 |                              |           |        |  |  |  |  |
| □University or College                        |                              |           |        |  |  |  |  |
| □Other (please specify)                       |                              |           |        |  |  |  |  |
| d. First Name                                 | Melissa                      | Last Name | Nelson |  |  |  |  |
| e. E-mail Address melissa@uwof.org            |                              |           |        |  |  |  |  |
| f. Phone Number                               | . Phone Number (850)488-8276 |           |        |  |  |  |  |
| Lobbyist Contact Information                  |                              |           |        |  |  |  |  |
| . Name Natalie King                           |                              |           |        |  |  |  |  |
| b. Firm Name                                  | RSA Consulting Group LLC     |           |        |  |  |  |  |
| . E-mail Address natalie@rsaconsultingllc.com |                              |           |        |  |  |  |  |
| d Phone Number                                | (813)02/1-8218               |           |        |  |  |  |  |