

**LFIR # 1006** 

1. Project Title	New Disabled American Veter	ans, Chapter 32 Facility		
2. Senate Sponsor	Debbie Mayfield			
3. Date of Request	10/15/2025			
4. Project/Program De	escription			
counties. Our Chapte growing a service ca in 1961 accommoda Harbor City Blvd, Me upgrades. Services s	the oldest and most active chapter has been supporting veterans atchment of 65,900 veterans inclutes only 25 people safely. We see albourne, FL, including new office supported: all core DAV programs, community volunteer programs,	and families since 1947. We ding spouses & dependen ek funds to construct an acs, a commercial kitchen, medical transportation, in	/ith over 2,100 curre ts approx.150,000, v cessible, modern fa neeting spaces, and ob fairs, legislative r	ent members and yet our building built acility at 2265 N monument area resolutions, special
5. State Agency to rec State Agency conta		partment of Veterans' Affai	rs	
Type of Funding		Amo	unt	1
Operating			0	1
Fixed Capital Outlay	<u> </u>		1	
<b>Total State Funds F</b>	Requested		1,200,000	1
7. Total Project Cost fo	or Fiscal Year 2026-2027 (inclu	ding matching funds ava	ilable for this proj	ect)
Type of Funding		Amount	Percentage	1
Total State Funds Re	equested (from question #6)	1,200,000	67%	1
Matching Funds				1
Federal		0	0%	1
,	amount of this request)	0	0%	1
Local		600,000	33%	1
Other		0	0%	1
<b>Total Project Costs</b>	for Fiscal Year 2026-2027	1,800,000	100%	
• • •	eviously received state funding most recent instance:	? No		
Fiscal Year	Amount	Specific	Vetoed	
(уууу-уу)	Recurring Nonrecurr	ing Appropriation #		
				i
9. Is future-year fundi	ng likely to be requested?	No		
a. If yes, indicate no	onrecurring amount per year.			
b. Describe the sou	rce of funding that can be use	d in lieu of state funding.		
				i



10. Status of Construction

13. Program Performance

Planning

a. What is the current phase of the project?

Design

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?

### The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

N/A

No

03/01/2026

03/01/2027

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

Construction

e. What funding stream will be used for ongoing operations and maintenance of the project?

Annual fundraising, membership of funds requested.	dues, special event proceeds, and facility rental fees. No future state ope	erational
. List the owners of the facility to relationship between the owner	receive, directly or indirectly, any fixed capital outlay funding. Incl s of the facility and the entity.	ude the
Recipient Contact Information: Organization: Disabled American Municipality/County: Melbourne, E Organization Type: Non-Profit 50 DAV Chapter 32, Commander Ro	Brevard County 1(c)(4)	
Details on how the requested sta	ate funds will be expended  Description	Amount
Administrative Costs:	Description	Amount
Executive Director/Project Head Salary and Benefits	All Volunteers at Disabled American Veterans J.L Golightly, Chapter 32	(
Other Salary and Benefits		(
Expense/Equipment/Travel/Supplies/ Other		(
Consultants/Contracted Services/Study		(
<b>Operational Costs</b>		
Salary and Benefits	All Volunteers at Disabled American Veterans J.L Golightly, Chapter 32	(
Expense/Equipment/Travel/Supplies/ Other		(
Consultants/Contracted Services/Study		(
Fixed Capital Construction/Major	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	<ul> <li>Land/Planning: \$100,000</li> <li>Construction/Renovation: \$907,100</li> <li>Engineering: \$50,000</li> <li>Administrative costs: \$50,000</li> <li>Equipment/Supplies: \$92,900</li> </ul>	1,200,000
Total State Funds Requested (n	nust equal total from question #6)	1,200,000



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

Build a modern, fully accessible DAV facility to double service capacity, reduce waiting times, host all core programs (claims, counseling, volunteer, job fair, transport, resolutions), and provide space for community events and allied veteran group use.

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

VA claims assistance, medical transportation, outreach, counseling, job fairs, legislative resolution work, volunteer programs, special events, bingo, meeting/event rental to VFW/American Legion/etc.

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

Claims counseling, medical transport, job search, transition support, legislative advocacy, referrals, social events.

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

65,900 veterans, including 150,000 spouses and dependents just in Brevard County; expected to serve over 2,100 members a year directly and reach thousands more through outreach.

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

Track increase in people assisted, reduced waitlists, event attendance, annual survey data, resolution output, and program statistics pre- vs. post-construction.

	failing to meet deliverables or performance measures provided for in the contract?  ithhold grant funds, require corrective action plan, if contract deliverables not achieved.
14. Is t	his project related to mitigation, response, or recovery from a natural disaster? No
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 infastructure)
b. N	ame of the natural disaster (or Executive Order # for events not under a federal declaration):
15. Has	s the entity applied for or received federal assistance for this project?
	es, Applied
	es, Received
<b>1</b>	No
<b>1</b>	No, but intends to apply

b. Provide the total project cost listed on the FEMA project worksheet:

a. If yes, provide the FEMA project worksheet ID#:



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6. Has the entity app	lied for or received state	assistance t	or this projec	t (other than	n this reques	st)?
☐ Yes, Applied						
☐ Yes, Received						
□ No						
□ No, but intends to	o apply					
a. If yes, specify the Commerce):	e program and state agen	cy (ex. Loca	al Governmen	t Emergenc	y Bridge Loa	nn, Departmo
7. Requester Contact	Information					
a. First Name	Rodney	Last Name	Deflumeri			
b. Organization	Disabled American Vetera	ns J.L Goligi	ntly, Chapter 3	32		
c. E-mail Address	commander@fldav32.org					
d. Phone Number	(252)375-5685	Ext.				
a. Organization b. Municipality and	Disabled American Veteral d County Brevard	ns, Chapter	32	]		
c. Organization Ty	ре					
□For Profit Entity						
□Non Profit 501(c	:)(3)					
☑Non Profit 501(c	c)(4)					
□Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	Rodney	Last Name	Deflumeri			
e. E-mail Address	commander@fldav32.org					
f. Phone Number	(252)375-5685	Ext.				
9. Lobbyist Contact I	nformation			-		
a. Name	None					
b. Firm Name						



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c. E-mail Address		
d. Phone Number		

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