



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1264

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

A 1000 square foot expansion to a 1957 facility with a fire code capacity of 50 which will be 100% ADA (American Disability Act) compliant allowing the American Legion Post to continue and expand the promotion of Veteran's welfare, growth of children and youth, Americanism and National Defense.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	195,000
Total State Funds Requested	195,000

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	195,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	195,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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Fiscal Year 2026-2027

LFIR # 1264

10. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☒ Construction ☐ N/A

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

12/01/2025

d. What is the estimated completion date of construction?

06/01/2026

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

The annual operating budget for American Legion Memorial Post 243.

11. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

Department of Florida American Legion Memorial Post 243, Oviedo, Florida which is a 501(c)(19) non-profit for Veterans Service Organization.

12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	A 1000 square foot expansion to a 1957 facility with a fire code capacity of 50 which will be 100% ADA (American Disability Act) compliant allowing the American Legion Post to continue and expand the promotion of Veteran's welfare, growth of children and youth, Americanism and National Defense.	195,000
Total State Funds Requested (must equal total from question #6)		195,000

13. Program Performance

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

To continue and expand the American Legion Mission of promotion of veteran's welfare, growth of children and youth, Americanism and National Defense.

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



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The facilities expansion will provide easier access for 300 members, their families and other veterans in the area expanded access to the post 243 Service Officer and Seminole County Veterans Office. This will include a private space for counseling and learning of veterans benefits and opportunities. Additionally, this space will include a larger resource library as well as an expanded area to serve the five Boy Scout and Girl Scout troops, the ten high schools and elementary schools and the six retirement homes associated with Post 243.

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

The direct services will include but not limited to improved physical and mental counseling to include PTSD, suicide prevention and substance abuse. Counseling and awareness of veterans employment and education opportunities.

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

The target population in addition to the 300 members and families the facility will serve the students, faculty and parents of the ten high schools and elementary schools, the five boy scout and girl scout troops, and the six retirement homes associated with the Post. The number is in excess of 1000 people annually.

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

The Department of Florida has a requirement for a detailed annual report which requires the documentation for all activities including attendance at all meetings, all service officer duties to include counseling and referrals, all community service events and support activities. In addition to attendance hours and mileage are reported if appropriate.

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 in the contract?

Liquidated damages will be assessed at \$100 per day.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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 infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

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

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



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Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1264

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

☐ For Profit Entity

☐ Non Profit 501(c)(3)

☐ Non Profit 501(c)(4)

☐ Local Entity

☐ University or College

☒ Other (please specify) 501(c)(19)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address



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LFIR # 1264

d. Phone Number

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