

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: American Legion Post 270 Walk-in Cooler/Freezer
2. Date of Submission: 10/11/2019
3. House Member Sponsor: Elizabeth Fetterhoff
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					41,000	41,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? Yes
 - 5a. If yes, which state agency? Department of Veterans' Affairs
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
None

6. Requester:

- a. Name: BOB MCLAUGHLIN
- b. Organization: WALT ZACK MEMORIAL AMERICAN LEGION POST 270
- c. Email: AMERICANLEGIONPOST270FL@GMAIL.COM
- d. Phone #: (386)295-7007

7. Contact for questions about specific technical or financial details about the project:

- a. Name: BOB MCLAUGHLIN
- b. Organization: WALT ZACK MEMORIAL AMERICAN LEGION POST 270
- c. Email: AMERICANLEGIONPOST270FL@GMAIL.COM
- d. Phone #: (386)295-7007

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: WALT ZACK MEMORIAL AMERICAN LEGION POST 270
- b. County (County where funds are to be expended): Volusia
- c. Service Area (Counties being served by the service(s) provided with funding): Volusia

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe) VETERANS ORGANIZATION - 501 (C) 19

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

The post home will need a new walk-in cooler/freezer for storage of perishable foods, etc. We are a 600 member veterans organization in port orange. We serve lunches and dinners for many of our patrons. With a new cooler/freezer we will be able to purchase in food and drink items in bulk, thereby saving money.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	COOLER/FREEZER TO SERVICE OUR 600	41,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		41,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

No

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

SERVICE TO OUR 600 VETERANS AND THEIR FAMILIES WHO WILL BE ABLE TO HAVE LUNCH AND DINNER IN OUR POSTS HOME

17b. Describe the direct services to be provided to the citizens by the funding requested.

WE WILL ALSO BE ABLE TO SUPPORT OUR MANY LEGION PROGRAMS AND CHARITIES, SUCH AS BOY'S/GIRL'S STATE, SPECIAL OLYMPICS, EMORY BENNETT VA NURSING HOME IN DAYTONA BEACH, AS WELL AS THE OTHER AMERICAN LEGION NATIONAL/LOCAL PROGRAMS

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth

- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Veterans

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	WE WILL BE A NON-SMOKING POST. MANY OF OUR VETERANS HAVE COPD, CANCER, EMPHYSEMA, ETC. WITH THE POST BEING NON-SMOKING, IT WILL ALLOW THEM TO BE IN AN SAFE ENVIRONMENT - MEDICALLY	WE SHOULD SEE A SIGNIFICANT INCREASE IN ACTIVE MEMBERS ATTENDANCE TO OUR MANY DINNER FUNCTIONS

<input checked="" type="checkbox"/> Improve mental health	WITH THE POST BEING NON-SMOKING, MORE MEMBERS WILL BE ABLE TO ATTEND OUR FUNCTIONS AND JOIN IN THE CAMARADERIE OF OTHER VETERANS, WITH WHOM THEY HAVE MUCH IN COMMON	AGAIN, MORE MEMBERS WILL BE ABLE TO PARTICIPATE IN OUR FUNCTIONS, ETC.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	AS NOTED ABOVE - A NON-SMOKING ENVIRONMENT WILL DEFINITELY IMPROVE THEIR SELF ESTEEM	MORE MEMBERS WILL BE ABLE TO PARTICIPATE IN OUR FUNCTIONS, SUCH AS DINNERS, DANCING, ENTERTAINMENT, ETC.
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		

<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	41,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	41,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No