

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Veterans Foundation
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Sam Killebrew  
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 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					350,000	350,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No
  - 5a. If yes, which state agency?
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Veterans Affairs
  - 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.  
Financial penalties will be imposed for failing to meet deliverables or performance measures.

6. Requester:

- a. Name: Dennis Baker
- b. Organization: Florida Veterans Foundation
- c. Email: bakerd@fdva.state.fl.us
- d. Phone #: (850)488-4181

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

- a. Name: Dennis Baker
- b. Organization: Florida Veterans Foundation
- c. Email: bakerd@fdva.state.fl.us
- d. Phone #: (850)488-4181

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: Florida Veterans Foundation
- b. County (County where funds are to be expended): Statewide
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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)

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

To meet the needs of Florida's over 1.6 Million Veterans through education/outreach/best practices in Benefits, Employment, Transportation, Mental Health/PTSD Therapy, Emergency Financial Assistance, prevention of suicides and reduction in homelessness.

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 type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	President	65,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel, Veterans Statewide Emergency Financial Assistance, Education, Employment, Community Outreach, Benefits Guides, Mental Health/PTSD, Transportation, Homeless Stand Down, Veterans in Assisted Living Facilities. Suicide Prevention. Capitol Veterans Memorial.	245,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Accounting, Auditing, Outreach	40,000
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		350,000

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)

N/A

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?

To meet the needs of over 1.6 Million Florida Veterans through direct services in education/outreach/best practices of Benefits, Employment, Transportation, Mental Health/PTSD Therapy, Emergency Financial Assistance, prevention of suicides and reduction in homelessness.

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

Deliverables in education of benefits, resources, eradications of homelessness through stand downs, emergency financial assistance, mental health outreach through best practices in connectivity of provider to veteran. Transportation of Veterans to meet medical needs.

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): All Florida Veterans and their Families

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	Veterans making medical appointments.	Numbers served.
<input checked="" type="checkbox"/> Improve mental health	Improve mental health by more readily connecting veterans to resources.	Reducing the number of Veteran Suicides.

<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Improve quality of education for Veterans through connectivity of resources to Veteran Population.	Review of educational growth in number of Veterans through educational institutions.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Engage Veterans with criminal offenses with Veterans Treatment Court.	Review Statewide statistics through participating counties.
<input checked="" type="checkbox"/> Improve transportation conditions	Provide greater mobility to Florida Veterans. Educate Local Transportation Boards and County Veteran Services Officers with Transportation Disadvantaged and Disabled American Veterans Program. Support continued education of available resources with emphasis on rural areas of the state.	Review statistics of prior year to current year of Veterans transportation provided.
<input checked="" type="checkbox"/> Increase or improve economic activity	Provide productive avenues for homeless veterans through statewide stand downs, decreasing dependency on welfare.	Reduction of Veteran Homelessness.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Work with Career Source, SHRM, and HR Florida to make available mentorship and job opportunity.	Review unemployment rate among Veterans.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Enhanced Veteran's Self-sufficiency	Review of state homelessness rate and emergency financial assistance

	through earned benefits education.	rate.
<input checked="" type="checkbox"/> Reduce recidivism	Reduce recidivism with Veterans through Veteran Treatment Court System. Promote and Expand Veteran Treatment Court program statewide. v	Review of numbers of recidivism throughout State.
<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 2018-19 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:	350,000	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	350,000	100%	

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

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- ongoing activity ? no total cost
- <1M
- 1-3M
- >3-10M
- >10M