

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Veterans Helping Veterans USA, Inc.
2. Date of Submission: 09/09/2019
3. House Member Sponsor: Stan McClain
Members Copied: Brett Hage, Charlie Stone

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:					160,000	160,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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? No
 - 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.
Loss of funding.

6. Requester:

- a. Name: Henry Whittier
- b. Organization: Veterans Helping Veterans USA, Inc.
- c. Email: vetshelpingvets@vhvusa.org
- d. Phone #: (352)433-2320

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

- a. Name: Henry Whittier
- b. Organization: Veterans Helping Veterans USA, Inc.
- c. Email: vetshelpingvets@vhvusa.org
- d. Phone #: (352)433-2320

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: Veterans Helping Veterans USA, Inc.
- b. County (County where funds are to be expended): Alachua, Bradford, Citrus, Clay, Levy, Marion, Putnam
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Bradford, Citrus, Clay, Levy, Marion, Putnam

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?

Provide social service contacts to veterans and their families including counseling, referral, advocacy, and direct social service assistance, including food and limited financial assistance for such items such as rent, utilities, special dietary needs. Assist veterans in finding employment, through counseling and networking on their behalf. We utilize approximately 100 volunteers who perform office work, make hospital and home visits and make minor repairs to veterans' homes, grocery shopping.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Chief admin, project coordination and supervision	6,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Two part time case managers, counseling, outreach	32,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Computers, office supp, fuel, client services	55,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Accountant	2,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Full Service Van/RV, equipped with kitchenette, shower and bathroom to aide Veterans in the field or on the street who lack provisions and need immediate care and relief.	65,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		160,000

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?

Yes

15a. Please Describe:

Support from Marion County and City of Ocala; Director of Veterans and Family Services Ocala, FL; Marion County Legislative Delegation

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?

Provide social service contacts to veterans and their families including counseling, referral, advocacy, and direct social service assistance, including food and limited financial assistance for such items such as rent, utilities, special dietary needs. Assist veterans in finding

employment, through counseling and networking on their behalf. We utilize approximately 100 volunteers who perform office work, make hospital and home visits and make minor repairs to veterans' homes, grocery shopping.

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

Veterans Helping Veterans USA, Inc. will emphasize the unique status and special requirements that Veterans have and need in Marion County, FL. Each Veteran and their family will have hands on service through our organization which will work as their support system to help with their basic living needs while assisting them in job placement, community involvement, etc.

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 and their immediate family members: sons, daughters and spouses.

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	Evaluate veterans that are being interviewed and referring them to physical health facilities.	Case management documentation and follow up with referring agencies.
<input checked="" type="checkbox"/> Improve mental health	Evaluate veterans that are being interviewed and referring them to mental health facilities.	Case management documentation and follow up with referring agencies.
<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 checked="" type="checkbox"/> Improve transportation conditions	We will supply veterans transportation such as referring them to agencies that have transportation capabilities and supplying veterans with bus passes and gas cards.	Case management documentation and follow through with partnership agencies.
<input checked="" type="checkbox"/> Increase or improve economic activity	Referring veterans and their families to job opportunities.	Case manager client contact, shared information with partnership agencies such as jobs services and business contacts. The outcome is a stronger

		impact on the economic development within their communities.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Referring veterans and their families to job opportunities and training.	Case manager client contact, shared information with partnership agencies such as jobs services and business contacts. This will lead to client self sufficiency.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Finding the veterans and their families training opportunities that will lead to self sufficiency.	With case management guidance and counseling and working with other agencies our veterans will become independent and less reliant on agency assistance.
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	We will make referrals to VA treatment options and counseling programs.	It will make veterans and their families aware of treatment opportunities.
<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:	160,000	70.5%	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:	32,000	14.1%	Yes
5. Other:	35,000	15.4%	Yes
TOTAL	227,000	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 2020-21 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