

**The Florida House of Representatives**  
**Appropriations Project Request - Fiscal Year 2022-23**  
For projects meeting the definition of House Rule 5.14

1. Title of Project: Mid Florida Community Services, Inc., Veteran Ride Program
2. Date of Submission: 11/17/2021
3. House Member Sponsor: Blaise Ingoglia

**4. Details of Amount Requested:**

- a. Has funding been provided in a previous state budget for this activity? No
- 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<br>for FY 2021-22<br><i>(If appropriated in 2021-22 enter the appropriated amount, even if vetoed.)</i> |                               |                          | Develop New Funds Request<br>for FY 2022-23<br><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 | Recurring Base Budget   | Additional Nonrecurring Request | TOTAL Nonrecurring plus Recurring Base Funds |
| Input Amounts:     |   |                               |                          |   | 150,000                         | 150,000                                      |

- e. Provide the total cost of the project for FY 2022-23 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 | 150,000 | 43.9%            | N/A   |
| 2. Federal  | 0       | 0.0%             | No  |
| 3. State (Excluding the requested Total Amount in #4d, Column F)          | 191,895 | 56.1%            | Yes   |
| 4. Local  | 0       | 0.0%             | No  |

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|              |                |             |    |
|--------------|----------------|-------------|----|
| 5. Other     | 0              | 0.0%        | No |
| <b>TOTAL</b> | <b>341,895</b> | <b>100%</b> |    |

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

Yes

a. How much state funding would be requested after 2022-23 over the next 5 years?

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

b. 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

c. 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

6. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Veterans' Affairs

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

b. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Failure to meet deliverables will result in a return of funds to administering agency.

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7. Requester:

- a. Name: Ashley Hofecker
- b. Organization: Mid Florida Community Services, Inc.
- c. Email: ahofecker@mfcs.com
- d. Phone #: (352)667-1189

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

- a. Name: Kris Bates
- b. Organization: CFO, Mid Florida Community Services, Inc.
- c. Email: kjb@mfcs.us.com
- d. Phone #: (352)796-1425

9. Registered lobbyist working to secure funding for this project.

- a. Name: Michael J. (Mike) Rogers
- b. Firm: Southern Advocacy Group
- c. Email: mike@southernadvocacygroup.com
- d. Phone #: (850)566-2560

10. Organization or Name of entity receiving funds:

- a. Name: Mid Florida Community Services, Inc.
- b. County (County where funds are to be expended): Hernando
- c. Service Area (Counties being served by the service(s) provided with funding): Hernando

11. What type of organization is the entity that will receive the funds?

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

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

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Safe, efficient, cost-effective, and quality transportation services are provided to veterans, and transportation disadvantaged citizens of Hernando County. The requested funding would be used to expand door-to-door transportation services, primarily to meet medical and nutritional need and expand employment access, of veteran clients and their spouses who provide proof of service.

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

| Spending Category   | Description   | Amount Requested<br>(Should equal 4d, Col. E)<br>Enter "0" if request is zero for the<br>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 type="checkbox"/> e. Salaries and Benefits                               |   |   |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Requested funding would be used to expand door-to-door transportation services, primarily to meet medical and nutritional need and expand employment access, of veteran clients and their spouses who provide proof of service. | 150,000   |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study               |   |   |

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|   |  |                |
|---|--|----------------|
| Fixed Capital Construction/Major Renovation:                                  |  |                |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering |  |                |
| <b>TOTAL</b>  |  | <b>150,000</b> |

14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?
- 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)

15. Is the project request an information technology project?  
No

16. 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

a. Please Describe:  
Since 2016, 12,490+ trips have been provided to Hernando County Veterans through the Veteran Ride Program; this service has saved them \$49,960 as a result of the reduced ridership fee. On 10/1/20, Mid Florida Community Services, Inc., began providing at-no-cost transportation services to eligible Hernando County veterans for outpatient medical needs/appointments at VA hospitals.

17. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?  
No

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

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

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Requested funding would be used to expand door-to-door transportation services, primarily to meet medical and nutritional need and expand employment access, of veteran clients and their spouses who provide proof of service.

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

Requested funding would be used to expand door-to-door transportation services, primarily to meet medical and nutritional need and expand employment access, of veteran clients and their spouses who provide proof of service.

c. 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

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

- < 25
- 25-50
- 51-100

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- 101-200
- 201-400
- 401-800
- >800

19. 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 or outcome                                |
|--|--|--|
| <input checked="" type="checkbox"/> Improve physical health                                  | Trips provided to veterans and their spouses for medical and nutritional need. Access to health/wellness appointments and nutrition programs increases the physical health of veteran clients and their spouses. | Tracking the number of trips to veterans and their spouses for medical and nutritional need. |
| <input checked="" type="checkbox"/> Improve mental health                                    | Trips provided to veterans and their spouses for medical need. Access to health/wellness appointments could improve the mental health of veteran clients and their spouses.                                      | Tracking the number of trips to veterans and their spouses for medical need.                 |
| <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 |  |  |

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|   |   |   |
|---|---|---|
| <input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) |   |   |
| <input checked="" type="checkbox"/> Improve transportation conditions                         | Transportation services/trips are provided to veterans and their spouses who are transportation disadvantaged.  | Tracking the number of trips provided to veterans and their spouses.            |
| <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 part of our mission to promote self-sufficiency for individuals and families in the communities in which they live, MFCS extends this special service to veterans and their spouses who provide proof of service. These specific trips are provided at either a reduced fare or at-no-cost depending on which transportation program they utilize. | Calculating the cost savings to Hernando County veterans utilizing the service. |
| <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  |   |   |



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|---|--|--|
| <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):       |  |  |