



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3161

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

According to the Escambia County School officials, there are 5,000 homeless children in our county. This would be a transitional housing complex where homeless families can stay up to one year while being assisted with a Case Manager to locate a more permanent affordable family housing. A family is defined by having a parent or legal guardian, and at least one minor child. The Housing would be a series of two and three bedroom units. The property where this would be located on property currently owned by Brownsville Assembly of God Church. And the facility would be operated by the Hope Center of Brownsville. Both the church and the Hope Center are registered 501C3 non profit organizations.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	100,000
Fixed Capital Outlay	3,500,000
Total State Funds Requested	3,600,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,600,000	94%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	250,000	6%
Total Project Costs for Fiscal Year 2024-2025	3,850,000	100%

8. **Has this project previously received state funding?**

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

9. **Is future 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.**
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

June 2024

d. What is the estimated completion date of construction?

December 2024

12. 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.

Hope Center Brownsville 5013C.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director to oversee the construction of the facility, and manage the programs and operations.	75,000
Other Salary and Benefits	Property/Project manager - insurance, salary, etc.	15,000
Expense/Equipment/Travel/Supplies/Other	Travel and expenses for executive director and project/property manager.	10,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
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	Constructing nine, 900 square feet two bedroom units. And nine, 1,800 sq. ft. three bedroom units. For total of 24,300 sq. feet of building @ \$144 p. sq. ft. = \$3,500,000 total cost.	3,500,000
Total State Funds Requested (must equal total from question #6)		3,600,000

14. Program Performance

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

This facility will transition at least eighteen homeless families per year to successful housing and family lifestyle. The goal will be in five years to successfully transition 100 homeless family off the streets.

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



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1. Construct eighteen family housing units.
2. Reduced the number of homeless families by 20 per year
3. Mentor the parent or guardian of these homeless families to becoming successful parents or guardians, and employed tax paying productive citizens.

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

Each parent/guardian will be assigned a trained mentor/case manager to walk with through the journey to discover how they became homeless. And to develop successful personal and family life management skills.

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

Homeless families. Serving an expected minimum of twenty families per year.

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

Removing families from being homeless. This will be through provided safe adequate temporary housing, and mentoring through parenting classes, financial management classes, and any other mentoring support necessary.

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 the contract?

A surrender of the facility and program to another 501C3 organization that may be better equipped to provide the performance measurables.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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)

d. First Name **Last Name**

e. E-mail Address



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f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number