



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3372

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

If funds are received, they will be used toward site preparation, surveys and pre-development work for the construction of 30-50 attainable housing units. After construction, Hope Partnership entities and partners will provide adequate wrap around services to ensure these residents not only survive, but thrive.

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	0
Fixed Capital Outlay	500,000
Total State Funds Requested	500,000

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)	500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	500,000	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.

In lieu of state funding, Hope Partnership will work to secure additional philanthropic funding or pursue larger financing options for phase two of this project.

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

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



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Hope Partnership received a PPP loan in Spring/Summer 2020 totaling \$163,000 to cover payroll costs.

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)?

No

c. What is the estimated start date of construction?

4/1/2027

d. What is the estimated completion date of construction?

10/1/2025

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 Partnership

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
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	Planning, site, work, surveys for the future construction of 30-50 attainable housing units.	500,000
Total State Funds Requested (must equal total from question #6)		500,000

14. Program Performance

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

The funds requested will support the pre-planning, site work, survey work etc. for the future construction of anywhere from 30-50 units of attainable housing for those experiencing poverty and homelessness in Osceola county . Having a safe place to call home is the first step to achieving self determined stability, as it paves the way for individuals to move from short term problem solving to long term planning and goal setting in various aspects of their lives.

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



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The planning works that will be accomplished using these funds will allow Hope Partnership to build affordable housing units. After constructing the units we will also provide wrap around services through external partnerships and our program entities. Hope Works can provide employment assistance, training and referrals. Hope Center can provide case management and peer support groups. Hope Cares can provide emergency assistance such as supplemental food and clothing.

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

Direct services to citizens will be provided after the utilization of these funds to complete the planning work, when the housing units are constructed they will be utilized by residents who are currently living in unstable housing such as in hotels or motels or who are experiencing literal homelessness. Additionally, we intend to create an intentional, trauma responsive community that will provide direct services such as case management, peer support groups, emergency support, etc.

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

The target population will be those experiencing homelessness and poverty in Osceola County. If we are able to complete 30 units in phase one, we could serve up to 90 individuals.

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

Benefits of this project include improved physical and mental health and enhancing individuals economic self sufficiency. Hope Partnership previously used the Arizona Self Sufficiency matrix to track changes in sufficiency over a series of domains including health and income. We are currently reassessing our measurement tools to provide more robust intake/exit data to measure overall impact of our programming. Additionally as we are launching peer support programs this program will be tracked using industry standard and validated measurements.

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?

Suggested penalties include returning funds if metrics are not met.

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



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Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3372

Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number