



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3530

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funds are intended to support the construction of Grace Way Village's Restorative Living Facility. This facility will be a transformative space where families at risk of homelessness can seek shelter for a period ranging from 1 to 18 months, depending on their individual case plans. The goal is to create a comprehensive working program with wraparound care that provides families a structured curriculum. This program is designed to educate them toward self-sufficiency.

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	1,000,000
<b>Total State Funds Requested</b>	<b>1,000,000</b>

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)	1,000,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,000,000	50%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>2,000,000</b>	<b>100%</b>

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.

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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### 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?

July 2024

d. What is the estimated completion date of construction?

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.**

Grace Way Village

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Planning, engineering, and construction	1,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

**14. Program Performance**

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

The funds are intended to support the construction of Grace Way Village's Restorative Living Facility. This facility will be a transformative space where families at risk of homelessness can seek shelter for a period ranging from 1 to 18 months, depending on their individual case plans. The goal is to create a comprehensive working program with wraparound care that provides families a structured curriculum. This program is designed to educate them toward self-sufficiency.

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



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This endeavor aims to build a Restorative Living Facility, a haven where families teetering on the brink of homelessness can access shelter for one to eighteen months. This facility is not just a roof over their heads; it's an opportunity where they can actively participate in a structured program designed to educate and propel them toward self-sufficiency.

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

Safe Shelter: The facility will offer a secure and supportive living environment for families, providing a safe haven during their period of transition.

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

At-risk youth, economically disadvantaged persons, jobless persons, elderly persons, homeless, preschool students, grade school students, high school students. With an estimated phase one of 8 units we expect to serve 51 to 100 individuals annually.

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

Improve physical health. The funding request for building the Restorative Living Facility will directly enable GraceWay Village to provide crucial services to citizens facing the threat of homelessness. The overarching goal is to empower families with the tools and resources needed to break the cycle of homelessness, enabling them to transition to a life of self-sufficiency and stability. The direct services offered through this funding request will play a pivotal role in creating a positive and transformative impact on the lives of citizens within our community. Improve mental health. Families will receive wraparound care, encompassing various support services such as counseling, life skills training, and mentorship, addressing their unique needs and challenges. Structured Program: A comprehensive working program will be implemented, featuring a structured curriculum aimed at educating and equipping families with the skills necessary for self-sufficiency.

**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?**

Grace Way Village would be required to return the unused funds.

**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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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