



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Casa Familia Housing for Adults with Intellectual & Developmental Disabilities.

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 11/15/2017

4. **Project/Program Description:**

Funding for administrative and pre-development costs for an affordable housing community that will serve approximately 82 individuals with intellectual and developmental disabilities. Funding will offset the preliminary costs for this project.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Economic Opportunity

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	714,588	714,588

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	40,000	5.3%
TOTAL	40,000	5.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 754,588

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

The requested funds will pay for pre-development services related to the development of an affordable housing community that will serve approximately 82 individuals with intellectual and developmental disabilities, ultimately enabling these individuals to live as independently as they are capable, and saving them from living in more restrictive environments, or homelessness. Additionally, these funds will enable us to create a model, based on best practices, that can be replicated to serve the 1000's of individuals in need in conjunction with the Florida Housing Finance Corporation.

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

The requested funds will pay for the cost of pre-development services including: architecture and engineering, survey, appraisal, and environmental and soil testing, marketing and feasibility studies.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Contracted services for Architectural and Engineering, Survey and appraisal, Environmental and soil testing, zoning/land use, permitting, and marketing and feasibility study	714,588
TOTAL		714,588

d. What are the direct services to be provided to citizens by the appropriations project?

This project will provide affordable housing for individuals with intellectual and developmental disabilities. Additionally, these funds will provide direct outreach to this population and their families with educational workshops that assist families in planning for the future and provide events for persons with disabilities that enable these adults to participate in the community.

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

This project will serve approximately 82 individuals with intellectual and developmental disabilities.

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

This project will provide affordable housing and community living for approximately 82 individuals with intellectual and developmental disabilities using best practices methodologies.

g. 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 in the contract?

Reimbursement of funds to the state.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Casa Familia, Inc

13. Requestor Contact Information:

a. Name: Deborah Lawrence

b. Organization: Casa Familia, Inc.



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- c. **Email:** Thebrit696@gmail.com
- d. **Phone Number:** (954)605-8789

14. Recipient Contact Information:

- a. **Organization:** Casa Familia, Inc.
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify) Non Profit 501(c) (3) and Local Entity
- d. **Contact Name:** Deborah Lawrence
- e. **E-mail Address:** Thebrit696@gmail.com
- f. **Phone Number:** (954)605-8789

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** Ron Book
- b. **Firm:** Ronald L. Book, P.A.
- c. **Email:** ron@rlbookpa.com
- d. **Phone Number:** (305)935-1866