



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Empowerment Academy Veterans Residential Housing

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**

Funds will be used for the purpose of rehabilitating the primary residential homes of United States Veterans who are in need of assistance and are living in Duval County, Florida. Rehabilitation performed using these funds will be expended with the goal of improving the life, living conditions, health, safety, and/or well-being of active duty, retired, disabled, or otherwise discharged Veterans under conditions other than dishonorable.

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
46,000	154,000	200,000

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	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 200,000

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?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

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?**

Funds will be used for the purpose of rehabilitating the primary residential homes of United States Veterans who are in need of assistance and are living in Duval County, Florida. Rehabilitation performed using these funds will be expended with the goal of improving the life, living conditions, health, safety, and/or well-being of active duty, retired, disabled, or otherwise discharged Veterans under conditions other than dishonorable.

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

Services provided to recipients will be aimed at improving their household living conditions through construction rehabilitation that will increase energy efficiency, provide needed weatherization updates, improve interior/exterior blight, improve health and safety concerns, and decrease housing code violations. Inspections will be conducted to determine specific needs.

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Salary will be used for a Program Administrator. Duties include: Program development and Implementation; Oversee project including, but not limited to, ensuring proper	26,580



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	<p>permitting, monitoring progress, meeting with recipients of services, hiring and monitoring rehabilitation team, and providing project data.</p>	
<input checked="" type="checkbox"/> Other Salary and Benefits	Salary will be used to hire a part-time Administrative Assistant to serve as clerical support to the Program Administrator	10,620
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Funds will be used to promote the program and advertise program availability; bid notices and bid advertising	1,300
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Work with Veterans to coordinate home inspections, determine renovation needs, create scope of work for each home, coordinate services, and ensure compliance.	7,500
Operational Costs		
<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	Funds will be used for the purpose of all construction rehabilitation related costs and fees including construction materials and supplies, permits, inspections fees.	154,000
<b>TOTAL</b>		<b>200,000</b>



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

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

Elderly Persons, Economically Disadvantaged persons, Veterans

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

Enhance specific individual's economic self-sufficiency. Modified HUD Self-Sufficiency Matrix Clients will complete the matrix before and after services to determine the extent of, if any, economic self-sufficiency improvement. Items are measured on a Liker-type scale of 1-5, which 1 being the lowest and 5 being the highest

**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?**

If deliverables are not satisfactorily met, the agency will develop a corrective action plan with specific actions and dates by which remedies will be carried out.

**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.**

N/A

**13. Requestor Contact Information:**

- a. **Name:** Sonia Roberts
- b. **Organization:** Empowerment Academy, Inc
- c. **Email:** saroberts@empowermentacademyinc.org
- d. **Phone Number:** (904)683-1029

**14. Recipient Contact Information:**

- a. **Organization:** Empowerment Academy, Inc
- b. **County:** Duval
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)



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**d. Contact Name:** Sonia Roberts

**e. E-mail Address:** saroberts@empowermentacademyinc.org

**f. Phone Number:** (904)683-1029

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**