



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1065

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

4. Project/Program Description

Aspire Health Partners' (Aspire) Homeless Veterans Housing initiative is a capital project that will convert 48 shared/congregate style housing units, with shared bedrooms and shared bathrooms, into 48 private, single occupancy rooms, each with a private bathroom. The facility will also include shared community / common areas, and office space for case managers and counseling staff. The project will provide increased privacy and personal safety and improve the health of Veterans across Florida experiencing homelessness by reducing or avoiding the risks associated with close quarters living. The projects leverages a \$3,650,000 grant from the U.S. Department of Veterans Affairs Homeless Providers Grant and Per Diem (GPD) Program.

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

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	22%
Matching Funds		
Federal	3,650,000	78%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	4,650,000	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.**

State funding would leverage \$3,650,000 from the US Department of Veterans Affairs.

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

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

Aspire Health Partners will be the recipient of any fixed capital outlay funding. T.D. Associates owns the property on which the Homeless Veterans Housing will be built. T.D. Associates is an affiliate corporation of Aspire Health Partners. T.D. Associates' sole purpose is to hold property for the use of Aspire and the individuals it serves. Aspire Health Partners is the sole member of T.D. Associates corporation and elects all members of its Board of Directors.

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	Site Work; Demolition and removal; Materials; Construction, Furnishings	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

14. Program Performance

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



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Construction of 48 private, single occupancy rooms for homeless veterans. State funding will leverage \$3,650,000 in U.S. Dept of Veterans Affairs funding, helping to cover the increased costs resulting from inflation and supply chain shortages.

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

Construction of 48 private, single occupancy rooms for homeless veterans.

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

Transitional housing and case management for homeless veterans.

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

The project will serve 48 homeless male veterans at any one time, and approximately 100 veterans per year. The project will serve veterans from across Florida.

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

The goal of the Aspire Health Partners - Homeless Veterans Housing project is to improve the transitional housing available to homeless veterans, making transitional housing more attractive than unsheltered places. By creating private rooms with private bathrooms, this funding will provide increased privacy and personal safety and improve the health of Veterans across Florida experiencing homelessness by reducing or avoiding the risks associated with close quarters living.

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?

Noncompliance: Directly affecting client health and safety may result in a 10% penalty; Not directly affecting client health and safety may result in a 5% penalty; Associated with administrative tasks may result in 2% penalty. No penalty shall exceed more than 10%.

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