



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2060

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The purpose of the Program is to eliminate physical barriers and imminent home deficiencies in homes owned by low income seniors with disabilities.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	600,000
Fixed Capital Outlay	0
Total State Funds Requested	600,000

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)	600,000	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	600,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	500,000	404	No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

There is no available funding for this initiative

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

Yes

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



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Funds of \$249,695 received in fiscal year 20/21. Funds were used for small home modification projects for consumers affected by COVID-19 and those at risk of being removed from homes and placed in Nursing Homes or ALF. Funds expended 9/2022

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)?

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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Costs as follows: Executive Director, 5% of FTE including benefits. Program Director, 20% of FTE including benefits. Benefits and taxes are calculated at 33% of wages.	20,442
Other Salary and Benefits	Costs as follows: Director of Finance 10% of FTE including benefits. Administrative Assistant 15% of FTE including benefits. Benefits and taxes are calculated at 33% of wages.	17,084
Expense/Equipment/Travel/Supplies/Other	Administrative costs including occupancy, telecommunication, equipment expense and lease, technology costs, auditing fees, insurance, postage/printing and supply costs.	29,748
Consultants/Contracted Services/Study	N/A	0
Operational Costs: Other		
Salary and Benefits	Costs as follows: Home Modification Coordinator, 75% FTE including benefits. Benefits and taxes are calculated at 33% of wages.	44,726
Expense/Equipment/Travel/Supplies/Other	Direct operating costs including mileage reimbursement, occupancy, telecommunication, equipment expenses and lease, technology costs, auditing fees, insurance, postage/printing and supply costs.	6,000
Consultants/Contracted Services/Study	Costs associated with the rehabilitation/modification of 14 homes for low income seniors at an average costs of \$ 34,178, total cost of \$ 478,500. Also includes ancillary costs of \$ 3,500 which consists of miscellaneous consumer equipment costs at \$ 250 per consumer.	482,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		600,000

14. Program Performance



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

The program primary purpose it to assist low income seniors with Disabilities to remain in their own homes by putting in place Home Modifications and repairs of imminent and significant deficiencies.

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

The services to be provided are to be evaluation, planning, and execution of physical changes and repairs to homes by licensed contractors and their staff. Physical accessibility improvements and imminent and significant home repairs will be made toward achieving the goal of each project. These seniors will remain in there homes and enjoy better quality of life.

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

Direct construction and repair will be provided to each program participant household. This program will benefit low income seniors with Disabilities in Hillsborough County.

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

High percentage of consumers that will be served will be low-income seniors with disabilities and are at risk of losing residence in their own homes.

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

The anticipated outcome of the project is the physical improvement of 15-20 homes owned by low income seniors with disabilities.

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?

Standard agency contract penalties are sufficient.

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