



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3167

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Construction of a new development of 8 tiny homes adjacent to the nearly complete 7 unit tiny home development called Fresh Start Village in Pensacola, Florida

5. State Agency to receive requested funds

State Agency contacted? No

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	660,000
Total State Funds Requested	660,000

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)	660,000	69%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	300,000	31%
Total Project Costs for Fiscal Year 2024-2025	960,000	100%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

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

Private mortgage secured by real estate and/or private donations

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

No

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?

April 2024

d. What is the estimated completion date of construction?

December 2024

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.

AMR at Pensacola, Inc.

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	Hard construction costs for 8 tiny homes including but not limited to Concrete foundations, Wood Framing, Roofing, Drywall, Cabinets, Windows, Doors, Trim, Painting, Insulation, HVAC systems, Plumbing, Electrical, Flooring,	660,000
Total State Funds Requested (must equal total from question #6)		660,000

14. Program Performance

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

Affordable housing units will be provided to children that age out of foster care in Florida

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

New affordable housing units will be constructed for children that age out of foster care in Florida

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

Affordable housing units for children aging out of foster care in Florida



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

Eight (8) children aging out of foster care

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

Reduction in the cost of construction will reduce the rent needed to be paid for children that age out of foster care in Florida

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?

1 year suspension from receiving additional 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
- 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