



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2844

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The City is supporting various projects for affordable housing development but there is a tremendous gap to meet the needs of the homeless. Osceola County does not have a shelter and the nearest facility is in Downtown Orlando and already at capacity. In response, the City has begun the process of acquiring a 120-unit hotel/apartment property to provide housing focused shelter, bridge housing and affordable leasable units on one campus. On this property, individuals and families will receive comprehensive wrap-around services, life skills and job-based training and support to improve his/her quality of life. Unfortunately, escalated construction costs have left a significant gap in funding for the renovation of 80 apartments and 40 rooms for shelter/bridge housing. Built in the mid-1980's, rooms will require improvements to meet code and ensure sustainable living. The City anticipates the project will be fully operational by October 2023 with the State's assistance.

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	500,000
Total State Funds Requested	500,000

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)	500,000	5%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	9,500,000	95%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	10,000,000	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.



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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.

\$18 million in American Rescue Plan -Coronavirus State and Local Fiscal Recovery Funds – \$9.5M of it will be used for the purchase of a hotel property to be renovated and used for workforce housing. \$1.3 million for direct rental, mortgage and utility assistance for eviction prevention.

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.

City of Kissimmee is the owner

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	Renovation of 80 apartments and 40 non-congregate shelter/bridge housing rooms.	500,000
Total State Funds Requested (must equal total from question #6)		500,000

14. Program Performance

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



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The addition of 80 units of affordable housing and 40 units of non-congregate housing focused shelter/ bridged housing to the pipeline for homeless families and individuals in Osceola County.

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

The renovation of 120 units to provide leasable units and short term shelter/ bridge housing units on the property.

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

The City will contract with an experienced social services provider to operate the site and manage comprehensive outreach, intervention, prevention and case management through housing focused shelter, bridge housing and affordable leasable units on one campus. On this property, individuals and families will receive comprehensive wrap-around services, life skills and job-based training and support to improve his/her quality of life.

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

Unsheltered individuals and families.
 80 yearly leasable units of affordable housing which consist of 40 - 2br/1ba units and 40 - studio units
 40 rooms will be available for emergency shelter and bridge housing.
 Hundreds of individuals will be assisted through this program through onsite and remote services. Annually, 80 households will have safe, secure and affordable housing through this program.

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

The Housing First Methodology will be implemented in this program.
 The overarching outcome will be to provide a one-stop center for those facing homelessness, reduce the number of homeless households in Kissimmee to functional zero and improve the quality of life for families and individuals experiencing homelessness.

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 Contract penalties

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



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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