

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1716

1. Project Title	Transitional Hou	using Complex - L	ake County			
•		ioning Complex - L	-and County			
2. Senate Sponsor	Dennis Baxley					
3. Date of Request	02/09/2023					
4. Project/Program De	escription					
building a 7500 squa	are foot dormitory s of less than \$750 p	style, transitional a per month, while h	& workforce ho naving free on-s	using com	plex which will allo	ay Lake Road we are by families with children g, free financial literacy
5. State Agency to red	ceive requested fu	unds Depar	tment of Childr	en and Fa	milies	
State Agency conta	cted? No					
6. Amount of the Noni	recurrina Reauest	t for Fiscal Year	2023-2024			
Type of Funding	<u> </u>			Amou	unt	
Operations				7	0	
Fixed Capital Outlay	•				550,000	
Total State Funds F	Requested				550,000	
7. Total Project Cost f	or Fiscal Year 202	23-2024 (includir	ng matching fu	unds avai	lable for this proje	ect)
Type of Funding			Amount		Percentage	
Total State Funds Requested (from question #6)				550,000	51%	
Matching Funds						
	Federal			0	0%	
•	State (excluding the amount of this request)			100,000	0%	
Local				160,000	15% 34%	
Other Total Project Costs	s for Fiscal Year 2	023-2024		373,000 083,000	100%	
					10070	
8. Has this project pre	eviously received	state funding?	No			1
Fiscal Year (yyyy-yy)		ount	Speci Appropri		Vetoed	
(3333 331	Recurring	Nonrecurring	Approprii	ation #		
						1
9. Is future funding like	cely to be request	ed?	No			
a. If yes, indicate n	onrecurring amou	ınt per year.				
b. Describe the sou	urce of funding th	at can be used i	n lieu of state	fundina.		
						1
10. Has the entity req	uesting this proje	ct received any	federal assist	ance relat	ted to the COVID-	19 pandemic?
No						
If yes, indicate the	amount of funds	received and wl	hat the funds v	were used	d 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					
b. Is the project "shovel ready" (i.e permitted)?	Yes				
c. What is the estimated start date of construction?	8/01/2023				
d. What is the estimated completion date of construction?	12/01/2023				
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		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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Construction of a 7,500 square foot dormitory style, transitional & workforce housing complex which will allow families with children to have rental rates of less than \$750 per month, while having free onsite mental health counseling, free financial literacy training classes and a pathway to homeownership plan.	550,000
Total State Funds Requested (m	ust equal total from question #6)	550,000

14. Program Performance

Find, Feed & Restore

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

We will complete the construction and be open to house our first 35 people who are in need of transitional and workforce housing.

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



□Other (please specify)

d. First Name

Brian

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	T. C. L.						
	The final phase of construction for our transitional/workforce housing facility.						
	c. What direct services will be provided to citizens by the appropriation project?						
	The construction of our transitional/workforce housing facility, no cost mental health counseling, job training and fina literacy classes will be offered onsite.					raining and financial	
	d. Who is the targ	et population served by t	his project?	How many inc	dividuals ar	e expected to b	pe served?
	Find, Feed & Restore is a housing program that assists homeless families with children who have fallen upon hard time due to unexpected financial crisis, Covid, domestic violence, underserved/disadvantaged populations, and physical disabilities. Our hybrid housing goes from no cost transitional housing to low-cost workforce housing. Our population includes families with children and individuals with disabilities that range from ELI (Extremely Low Income) to LMI (Low Moderate Income) brackets.					, and physical Our population	
e. What is the expected benefit or outcome of this project? What is the methodology by which this out be measured?						this outcome will	
	We measure outcomes in three key categories. Financial Literacy and Job Training Hours (each adult successfully completing over 15 hours of training each year), Career Success (each adult being gainfully employed or obtain improvemployment during their first 4 months with us) and Program Success (the percent of individuals able to transition to permanent housing whether on our property, an apartment complex or home ownership).					d or obtain improved	
	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?						
	Complete repayment of funds back to the State.						
15	Requester Contac	t Information					
	a. First Name		Last Name	Broadway			
	b. Organization	Find, Feed & Restore					
	c. E-mail Address	Brian@FindFeedRestore.	com				
	d. Phone Number	(352)999-1355	Ext.				
16.	Recipient Contact	Information					
	a. Organization	Find, Feed & Restore					
	b. Municipality and	d County Lake					
	c. Organization Ty	pe					
	□For Profit Entity						
	☑Non Profit 501(d	c)(3)					
	□Non Profit 501(d	2)(4)					
	□Local Entity	-/\·/					
	•						
	□University or Co	ollege					

Last Name Broadway



17.

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e. E-mail Address	Info@FindFeedRestore.com	
f. Phone Number	(866)236-2983	
Lobbyist Contact I	nformation	
a. Name	None	
b. Firm Name	None	
c. E-mail Address		
d. Phone Number		