



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Monroe County Affordable/ Work Force Housing Relief

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 01/08/2018

4. **Project/Program Description:**

Acquire former trailer parks and other sites for future affordable housing for working families of the Florida Keys.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Economic Opportunity

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	20,000,000	20,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	20,000,000	50.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	20,000,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 40,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY <u>2017-18</u>
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		20,000,000	20,000,000

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

The purpose of the funds to aid in the recovery of the Florida Keys post Hurricane Irma by directly advancing efforts to re-build affordable/workforce housing by acquiring former trailer parks and other sites, for future affordable housing for working families in the Florida Keys.

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

Purchase of property for Affordable/Workforce Housing.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Purchase Property	20,000,000
TOTAL		20,000,000

d. What are the direct services to be provided to citizens by the appropriations project?

Provide Affordable/Workforce Housing.

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

Provide Affordable/Workforce Housing.

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

Provide safe, affordable housing for Monroe County Working Families.

g. 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 in the contract?

Withholding of funds.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Monroe County

13. Requestor Contact Information:

- a. **Name:** Roman Gastesi
- b. **Organization:** Monroe County Board of Commissioners
- c. **Email:** Gastesi-roman@monroecounty-fl.gov
- d. **Phone Number:** (305)292-4441

14. Recipient Contact Information:

- a. **Organization:** Monroe County Board of Commissioners
- b. **County:** Monroe
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College



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☒ Other (Please specify) Local government

d. Contact Name: Roman Gastesi

e. E-mail Address: Gastesi-roman@monroecounty-fl.gov

f. Phone Number: (305)292-4441

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Robert Reyes

b. Firm: Capitol Group, Inc.

c. Email: Rreyes@capitolgrp.com

d. Phone Number: (850)509-1802