



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Disaster Housing Solution - Emergency Care Help Organization, Inc.

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 01/18/2018

4. **Project/Program Description:**

The purpose of this request is (1) To provide immediate, temporary and/or potentially permanent housing options for the installation of approximately 30 disaster housing units for eligible families in Monroe County, FL, that were displaced by Hurricane Irma, and (2) To obtain approval on a pilot housing program that implements an alternative, innovative disaster housing solution to be run in conjunction with other traditional FEMA housing alternatives.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Executive Office of the Governor

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
	2,850,000	2,850,000

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

Type	Amount	Percent
Federal	2,850,000	50.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	2,850,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 5,700,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (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:			

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?

(1) To provide immediate, temporary and/or potentially permanent housing options for the purchase and installation of approximately 30 units of cartridge housing for eligible families in Monroe County, FL, that were displaced by Hurricane Irma, and (2) To obtain approval on a pilot housing program that implements an alternative, innovative disaster housing solution to be run in conjunction with other traditional FEMA housing alternatives.

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

Under Emergency Assistance, the approval of a housing pilot program using an innovative housing solution that would provide affordable, immediate and resilient temporary and or permanent housing to the citizens of Monroe County. This pilot program will be run in conjunction with other traditional FEMA housing alternatives. The pilot housing program would represent an exception to FEMA's existing authority under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act). The Stafford Act legally binds FEMA to a temporary housing mission, by providing an opportunity to explore, implement, and evaluate innovative approaches to housing solutions, and to address ongoing housing challenges created by Hurricane Irma. The innovative housing program would provide temporary and potentially long-term housing solutions for eligible applicant families displaced by Hurricane Irma, including Monroe County.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		



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<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		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	30 turn key units including installation and transportation	2,850,000
TOTAL		2,850,000

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

The pilot program would include installation of approximately 30 units of cartridge homes located in Monroe County, FL. A disaster cartridge home is a pre-manufactured solution that can be installed in hours rather than weeks or months by traditional construction methods, and meets or exceeds local building codes and base flood elevation requirements. The homes would be installed above the required base flood elevation (BFE) of the selected area.

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

Approximately 30 units are to be provided to eligible families displaced by Hurricane Irma. The units can house and sleep a family of 5.

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

To provide a faster, cost efficient and innovative housing solution that provides disaster-displaced families an innovative, safe, and sanitary home to return to, speeding up their "return to normalcy", eliminating unnecessary emotional distress, and allowing them an opportunity to return to economic self-sufficiency.

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?

Revocation 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.

Emergency Care Hold Organization, Inc.



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13. Requestor Contact Information:

- a. **Name:** Freddy Branham
- b. **Organization:** Emergency Care Help Organization, Inc.
- c. **Email:** fbranham@echotlh.org
- d. **Phone Number:** (850)224-3246

14. Recipient Contact Information:

- a. **Organization:** Emergency Care Help Organization, Inc.
- b. **County:** Statewide
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. **Contact Name:** Freddy Branham
- e. **E-mail Address:** fbranham@echotlh.org
- f. **Phone Number:** (850)224-3246

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

- a. **Name:** Sarah Busk
- b. **Firm:** The Advocacy Group at Cardenas Partners
- c. **Email:** sjb@cardenaspartners.com
- d. **Phone Number:** (850)222-8900