



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2251

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Communities United will continue its focus on assisting senior citizens before and after a hurricane by rehabilitating and hardening their homes and creating properties that are resilient to our changing climate. In five years Communities United plans to rehabilitate/harden 100 houses. This request is for operational and program funding to achieve these goals.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="1,672,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	1,672,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="1672000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	1,672,000	100 %

8. **Has this project previously received state funding?** Yes No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

9. **Is future-year funding likely to be requested?** Yes No
- If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	The Executive Director duties include managing day to day operations, administering technical assistance to the staff to insure project completion, and overseeing distribution of community programs. The duties also include home visits with seniors in crisis and with special needs.	135,000
Other Salary and Benefits	Case manager will be responsible for processing qualification requirements for all clients. Contract administrator will oversee the coordination between the contractors and case managers. Administrative Assistant will be charge of day to day operations.	177,000
Expense/Equipment/Travel/Supplies/Other	Travel, equipment, office furniture, rent for office space, and liability insurance.	100,000
Consultants/Contracted Services/Study	Accounting and CPA services \$30,000. Data analyst \$55,000.	85,000
Operational Costs: Other		
Salary and Benefits	Construction management to write bid proposals, manage construction projects, hire and engage architects and engineers as necessary, and project evaluation.	155,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Inspection of homes for pre/qualification, assess damages, write scope of work. Contract for the construction and renovation of homes.	1,020,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		1,672,000



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11. Program Performance

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

There are thousands of low-income senior citizen homeowners whose homes have been seriously damaged from past storms. These homeowners don't fit any of the available programs' requirements and they don't qualify to get homeowners insurance due to the condition of their homes. Communities United's program is designed to make their homes resilient with construction and to bring houses up to hurricane standards.

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

Communities United will outreach for clients in Miami-Dade County for the program which will ensure their homes will become resilient and bring their homes up to hurricane standards. The goal is a total of a 100 houses over a 5-year period.

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

A case manager will qualify, guide, and assist clients through the entire process to ensure the goal of making sure each home is resilient.

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

Low income senior homeowners. At least 20 will be served annually.

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

Improving the health of the senior citizens by removing mold and mildew as well as creating a safe living space and hardening the structure of the home. The hardened structure will withstand hurricane forces that will result in saving lives. Less negative economic impact on the communities/state if houses are resilient. Decreased cost to the state if the state has to assist in paying for the rebuilding process. Promoting healthy people which costs the state less if lead, mold, and mildew are removed from the home. Homeowners will qualify for insurance which results in less cost to the state.

- 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 in the contract?

Return unspent funds.



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12. **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.**

N/A

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.