



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1897

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

4. **Project/Program Description**

There are 56,000 low-income renters in Central Florida and only 11,200 affordable and available units. Additionally, the American Hotel and Lodging Association predicts over 8,000 hotel/motel properties will close nationwide as a result of COVID-19. Hope Partnership is planning on purchasing a hotel and extensively rehabilitating and refurbishing the rooms to be affordable housing apartment units for individuals experiencing homelessness. Hope Partnership intends to create up to 100 units of both 1 bedroom and studio units with rents based on an average of 50% of AMI, but offered on a sliding scale based on income. Not only will this be a safe place for those living in poverty to live, but residents will be provided the necessary support they need to stay housed and achieve stability through a supportive service advocate.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

7. **Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	31%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	566,384	69%
Total Project Costs for Fiscal Year 2021-2022	816,384	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?**



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

Hope Partnership received a Paycheck Protection Loan the first round in the amount of \$169,365.54. This loan was used to cover payroll and mortgage expenses.

11. 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	Supportive Service Advocate, FT Salary: \$32,000; FICA/taxes: \$2,240; Payroll: \$950; Insurance: \$5,000	40,200
Expense/Equipment/Travel/Supplies/Other	Building routine maintenance: \$193,800 Housekeeping supplies: \$6,000 Facilities supplies: \$10,000	209,800
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

12. Program Performance

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

Funds requested will ease the financial burden of operations to allow for more units to be offered at prices attainable for those earning 30% of AMI (approx \$24,000 annually). This project aims to house up to 100 households currently homeless. These funds will allow Hope Partnership to successfully operate the property in its first year.

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

The Supportive Service Advocate will provide case management services to those housed in this development with a focus on self-stability by walking alongside them to meet their individual goals. These case management services may allow residents to increase their income, allowing them to move on from this affordable property.

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

Direct services such as case management will be provided to the citizens living in this development. The community will benefit from the increased access to safe, affordable housing through the reduction of individuals living homeless in Kissimmee.

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

Individuals who are homeless and living in poverty. Up to 100 individuals could be served depending on the total size of the property acquired.

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



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The expected outcome is to have up to 100 individuals living in poverty, stably housed and not living in the woods, in cars, or in extended-stay hotel rooms.

This outcome will be measured by the vacancy rates of the complex. Additionally, those electing to participate in case management are expected to improve their self-sufficiency by an overall score of .25 according to the Arizona Self Sufficiency Matrix.

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?

Given the nature of the population being served, if the metrics are not met, Hope Partnership will conduct an internal review to improve processes and strategy to better promote success with clients. The focus of the work has always been client-centered and that includes empowering clients to make decisions they deem best for their situations.

13. 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.

Not applicable.



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14. Requestor Contact Information

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

15. 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

16. Lobbyist Contact Information

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