



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2688

**1. Project Title**

**2. Senate Sponsor**

**3. Date of Request**

**4. Project/Program Description**

In support of the differently-abled community (a segment of the population that is often unseen and underrepresented), the City of Pembroke Pines is donating land located on the Howard C. Forman Human Services Campus to non-profit organization Special Compass. Special Compass will use the land to construct Compass Place, an apartment complex intended to facilitate independent living, self-sufficiency, and full community integration for the differently-abled population, and by providing and coordinating support services. This appropriation will fund the installation and infrastructure costs to provide utility connections needed to supply water, sewer, and energy services to the community that will reside, work, and visit the Compass Place apartment complex.

**5. State Agency to receive requested funds**

**State Agency contacted?**  No

**6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	294,145
<b>Total State Funds Requested</b>	<b>294,145</b>

**7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	294,145	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	300,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>594,145</b>	<b>100%</b>

**8. Has this project previously received state funding?**  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

**9. Is future funding likely to be requested?**  No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

**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.**

The City received \$19.869 million in Federal Assistance, utilized for food programs, improve telework capabilities of public employees, public health and safety employee payroll (police & fire), personal protective equipment, public health expenses, small business grants, emergency rental assistance, utility assistance, mortgage assistance & to support the City's health programs.

**11. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction and installation of infrastructure needed to connect water, sewer, and power line services for Compass Place, a living facility for the differently-abled population.	294,145
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>294,145</b>

**12. Program Performance**

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

Investment in this project will fund the installation and infrastructure costs to provide utility connections needed to supply water, sewer, and energy services to the Compass Place apartment complex. The construction and completion of the Compass apartment complex is a heavily supported project in the community that will tremendously benefit the disabled community by providing a barrier-free environment for them, while promoting independent living.

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

The construction and installation of water, sewer, and power line infrastructure needed to support the Compass Place apartment complex.

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

At Compass Place, adults with physical disabilities will be enabled and encouraged to live in a comfortable, barrier-free environment that promotes their independence. Special Compass will facilitate independent living, self-sufficiency, and full community integration for persons with disabilities by providing and coordinating support services.

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

The target population this project serves are the disabled community, and the service providers, and visitors to Compass place. It will serve approximately 350 individuals daily (The apartment complex will house 200 tenants, employ at least 50 employees, and receive approximately 100 visitors daily).

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



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be measured?

The intended outcome is to enable persons with physical limitations to live in a safe and secure environment and encourage independent living. Outcomes will be measured by the apartment complex occupancy rate, number of services facilitated for the disabled population, and by monitoring safety-related incidents.

**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?**

No new appropriations until project deliverables and/or performance measures are met.

**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.**

Property is owned by the State of Florida. Property is in long term lease with the City of Pembroke Pines.



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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