

LFIR # 1553

1. Project Title	Habitat Broward	- BBI Village Com	munity		
2. Senate Sponsor	Rosalind Osgood	t			
3. Date of Request	02/13/2023				
4. Project/Program Des	scription				
12011040901. Upon and generate approxi project with estimated and permitting on this	completion, it will particly \$420,000 in total budget of \$6 community imme	provide safe, decer n local state taxes 3.53 million. With fu diately.	per year. The BBI Tow Inding assistance, Hab	es for a projected 36 nhome Community itat Broward can be	adults and 72 children is a shovel-ready
5. State Agency to rece	•	nas Departm	ent of Economic Oppo	ortunity	
State Agency contact	cted? No				
6. Amount of the Nonre	ecurring Request	for Fiscal Year 20	23-2024		
Type of Funding			Amou	unt	
Operations				0	
Fixed Capital Outlay				540,000	
Total State Funds R	equested			540,000	
7. Total Project Cost fo Type of Funding	riscai feai 202	3-2024 (including	Amount	Percentage	cij
Total State Funds Re	quested (from que	estion #6)	540,000	9%	
Matching Funds					
Federal			0	0%	
State (excluding the a	State (excluding the amount of this request)			0%	
Local			2,500,000	38%	
Other			3,490,000	53%	
Total Project Costs	for Fiscal Year 20)23-2024	6,530,000	100%	
8. Has this project prev	viously received	state funding?	No		
Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
9. Is future funding like			No		
a. If yes, indicate no	nrecurring amou	nt per year.			
b. Describe the sour	rce of funding tha	at can be used in l	ieu of state funding.		
10. Has the entity requ	esting this projec	ct received any fe	deral assistance rela	ted to the COVID-1	9 pandemic?



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Complete questions 11 and 12 for Fixed Capital Outlay Projects

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

- 11. Status of Construction
 - a. What is the current phase of the project?

Planning	◆ Design	Construction
b. Is the project	"shovel ready"	(i.e permitted)?

d. What is the estimated completion date of construction?

c. What is the estimated start date of construction?

12/2025

Yes

01/2024

12. List 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.

13. 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		0				
Expense/Equipment/Travel/Supplies/ Other		0				
Consultants/Contracted Services/Study		0				
Fixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering	Infrastructure costs including utilities, underground work and construction costs for laying foundation for townhome community.	540,000				
Total State Funds Requested (must equal total from question #6)						

14. Program Performance

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

Funds will be restricted for the launch of a shovel-ready 20-unit townhome community in Ft. Lauderdale, 33311. This development will be one of the few affordable housing communities designed for homeownership in the area to help 20 low-income families achieve the American dream. Due to the housing crisis, these families cannot afford the median priced home in Broward and fall within 6-80% of Area Median Income (AMI). State funds will be utilized to cover construction and building costs.

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



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The activities and services to be provided to meet the intended purposes of these funds are: labor, materials, all related construction expenses including infrastructure to lift community.

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

Twenty (20) low-income families will be able to achieve the dream of homeownership and all the benefits with with it comes, including but not limited to: wealth generation, enhancing the health of families and children, reduce inequities, lead to greater educational achievement, reduce dependency, and bolster local business and tax generation.

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

The target population is low-income families who would otherwise not be able to achieve the dream of homeownership. A total of 20 families will be served, but the benefits go much deeper as stated above.

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

The benefits of homeownership are vast and include but are not limited to: improved health; closing the wealth gap between mainstream and underserved populations; reducing dependence; increasing stability for families and neighborhoods; tax generation; and improved educational outcomes for children of homeowners.

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?

Return all funds should project not be completed								
15. Requester Contact	Informati	on						
a. First Name	Maggie		Last Name	Zalamea				
b. Organization	Habitat fo	r Humanity of Br	oward					
c. E-mail Address	maggie@	habitatbroward.c	org					
d. Phone Number	(954)309-	(954)309-4378 Ext .						
16. Recipient Contact	Informatio	on						
a. Organization	Habitat fo	r Humanity of Br	oward					
b. Municipality and	b. Municipality and County Broward							
c. Organization Ty	ре							
□For Profit Entity								
☑Non Profit 501(c	:)(3)							
□Non Profit 501(c)(4)								
□Local Entity								
□University or Co	llege							
□Other (please sp	pecify)							
d. First Name	Justine		Last Name	Morgan				
e. E-mail Address	Justine@habitatbroward.org							



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f. Phone Number	(954)263-6916	
17. Lobbyist Contact I	nformation	
a. Name	None	
b. Firm Name	None	
c. E-mail Address		
d. Phone Number		