



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2410

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The goal of this request is to provide safe, secure, and sanitary housing to families impacted by Hurricane Michael. These are families that were not able to receive federal or state funding and either did not have insurance or were under insured. Four years later, these families are continuing to live in homes that are unsafe, not secure, and extremely unsanitary. The primary families that will be assisted are the elderly, individuals with disabilities, veterans, and homes with children.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	30,000
Fixed Capital Outlay	470,000
<b>Total State Funds Requested</b>	<b>500,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>500,000</b>	<b>100%</b>

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.

If state funding is not received, the Citizens of Gulf County Recovery Team will seek funding through fundraisers, donations and any other source of potential funding that is identified.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 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)?

No

c. What is the estimated start date of construction?

July 1, 2023

d. What is the estimated completion date of construction?

June 30, 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.

The funds for capital outlay that are being requested would be used to repair, rehabilitate, or rebuild privately owned houses for individuals impacted by Hurricane Michael. These houses would be privately owned by the individuals or families.

### 13. 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	Case Manager	24,000
Expense/Equipment/Travel/Supplies/Other	Travel to visit clients and site visits	6,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Repair, renovation, and rebuild homes owned by individual/families impacted by Hurricane Michael.	470,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

### 14. Program Performance

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

The specific goal that will be achieved with the requested funds is that individuals and families who are now living in extremely poor conditions will be living in safe, secure, and sanitary housing.

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



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Case management services will be provided to individuals and families to determine need and to coordinate the services provided. Construction services to repair, rehabilitate, or rebuild homes will also be provided.

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

Direct services to citizens will be by repairing, rennovating, or rebuilding their homes.

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

The elderly, individuals with disabilities, veterans, and families with small children are the populations to be served by this project.

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

The expected benefit/outcome of this project is that apprioximately 25 families/100 individuals will now be living in safe, secure, and sanitary homes as determined by licensed professionals.

**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?**

A suggested penalty if the deliverables/outcomes are not met could be the repayment of any unspent funds.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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**

**17. Lobbyist Contact Information**



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<b>a. Name</b>	<input type="text" value="None"/>
<b>b. Firm Name</b>	<input type="text" value="None"/>
<b>c. E-mail Address</b>	<input type="text"/>
<b>d. Phone Number</b>	<input type="text"/>