



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 3119

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The purpose of the program is to abolish detrimental home deficiencies and physical deficiencies in homes owned by low to moderate income residents with economic disadvantages. This funding will provide home repairs and rehab to homes over 57 years old that will include electrical upgrades, HVAC and ADA upgrades, bathroom and kitchen upgrades, improved accessibility and flooring upgrades. These repairs will reduce code enforcement liens and foreclosures as well as allow Seniors to remain in their homes reducing institutionalization.

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	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

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)	250,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	250,000	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.

Currently there is no available funding

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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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	Cost as follows: Executive Director, 5% of FTE including benefits. Program Director, 20% of FTE including benefits. Benefits are calculated at 32% of wages.	25,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Costs as follows: Rehab Coordinator, 75% FTE including benefits. Benefits are calculated at 32% of wages.	20,000
Expense/Equipment/Travel/Supplies/Other	Direct operating costs, including mileage reimbursement, telecommunication, equipment expenses and lease, technology costs, auditing fees, insurance, postage/printing and supply costs.	19,500
Consultants/Contracted Services/Study	Costs associated with the rehabilitation/modification. Some contractual services are utilized for website support, social media outreach etc.	10,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	All remaining appropriated dollars will be used to rehab homes of low income residents of Malibu Groves neighborhood providing physical home modifications and repair of imminent and significant deficiencies.	175,500
Total State Funds Requested (must equal total from question #6)		250,000

14. Program Performance

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



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The purpose of the program is to assist Seniors and low to moderate income residents remain safely and healthy in their homes preventing code enforcement liens and foreclosures resulting in homelessness and institutionalization.

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

Licensed Contractors will provide home repairs to Seniors and low to moderate income homeowners of Malibu Groves to address infrastructure, health and safety and ADA related concerns. If approved, repairs will include electrical and HVAC upgrades, ADA upgrades, bathroom and kitchen upgrades, flooring and improved accessibility.

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

Construction and Repair upgrades to an aging 57 year old community for homeowners who are economically disadvantaged who are at risk of losing their homes if not brought up to code, resulting in code enforcement liens, foreclosure and institutionalizations.

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

Seniors and low to moderate income homeowners of Malibu Groves Neighborhood. This project to fund 5 to 10 homeowners per year.

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

Benefit cost of direct services to Malibu Grove homeowners having their homes repaired resulting in safe decent and sanitary living conditions preventing foreclosures and homelessness and Senior institutionalization.

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?

Standard Contract penalties.

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



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LFIR # 3119

Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number