



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1038

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

**4. Project/Program Description**

The Nancy Detert Residential Phase II will consist of the building of 38 affordable homes (Average of 60% of AMI or less). These villas will be 2 bedroom 2 bath homes built in duplex style. The Senator Nancy C. Detert Residential Community will be a one of a kind community not only in the State of Florida, but also in the country. The goal of this community is to create a purposefully built integrated community by providing at least 60% of the homes to support the workforce and families not designated as I/DD, and up to 40% of the homes will be available to provide housing for individuals with Intellectual and Developmental Disabilities. This obtaining of their own home will allow that person to have the feeling of stability and the ability to develop financial security.

5. **State Agency to receive requested funds**
- State Agency contacted?**  No

**6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	70,000
Fixed Capital Outlay	5,930,000
<b>Total State Funds Requested</b>	<b>6,000,000</b>

**7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	6,000,000	78%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,678,000	22%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>7,678,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	2,500,000	249A	No

9. **Is future-year 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.



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## Complete questions 10 and 11 for Fixed Capital Outlay Projects

### 10. Status of Construction

a. What is the current phase of the project?

- Planning   
  Design   
  Construction   
  N/A

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

06/01/2025

d. What is the estimated completion date of construction?

12/30/2028

e. What funding stream will be used for ongoing operations and maintenance of the project?

The Senator Nancy C Detert Residential communities operations costs will be funded through the collection of rent.

11. 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 Loveland Center Inc. Non-profit serving children and adults with Developmental Disabilities

### 12. 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	Director of Finance - \$60,000 - Requested amount is for half the Salary costs.	30,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Owner's Rep - \$80,000 - Requested amount is for half the Salary costs.	40,000
<b>Operational Costs</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	Architect - \$88,000 Engineering - \$75,000 Permitting - \$55,000 Insurance - \$90,000 Impact fees - \$100,000 Infrastructure costs - \$750,000 Construction cost - \$4,772,000	5,930,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>6,000,000</b>

### 13. Program Performance

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



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The completion of the remaining 28 affordable (60% AMI) homes will be built in a duplex style. At least 60% of the homes built will be rented to the workforce/family community of Sarasota County and up to 40% will be set aside to provide affordable housing options to individuals with Intellectual and developmental disabilities.

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

Construction of the Affordable homes. Loveland plans to build 3-5 duplexes (6-10 homes) annually as funds become available for the completion of each home. The community will be monitored by an HOA that will take care of the upkeep of the exterior of the entire community. Loveland will offer on site case management and recreation services to the individuals with I/DD to ensure that to each persons desires they will become integrated into the surrounding community and will be provided services that meet their needs.

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

Loveland will provide homes to the workforce, families, and individuals with IDD who fall into the category of 60% of AMI or below. Today the average rental price for a 2 bedroom apartment is \$2,300 per month, making housing almost unattainable for many working families and individuals with disabilities. These homes will rent for the identified annual FHFC rates (2024 rates are \$1,000 - \$1,300 per home).

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

Workforce, families, and individuals with Intellectual disabilities that meet the criteria of 60% of AMI or less.

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

- 1.) Reduction of families who meet the 60% of AMI in need of permanent stable housing. Methodology - Annual redetermination of financial qualifications.
- 2.) Reduction in the need of affordable housing for persons identified with an intellectual and developmental disability. Annual redetermination of financial qualifications and diagnosis.
- 3.) Integrated housing community supporting individuals with intellectual and developmental disabilities. Methodology - Annual review of the demographics of the residential community to ensure that the proposed demographics are met.

**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 in the contract?**

Loveland will not be able to continue to access the requested funding for the continued development of the Nancy Detert Residential Community Phase II.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No



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LFIR # 1038

No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

Yes, Applied

Yes, Received

No

No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

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

**b. Organization**

**c. E-mail Address**

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

**18. 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**



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LFIR # 1038

e. E-mail Address

f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*