



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1089

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

4. Project/Program Description

Goal is to repair up to 81 qualified low income senior citizens 65 yrs & older that are homeowners through a grant program established by the City that addresses basic home repairs that address ADA needs, HVAC, roofing, windows/ doorways, electrical, plumbing, fencing, etc. as identified in the home inspections in this financial disadvantaged municipality designated as a rural area of opportunity. Approx. 212 applications received, 131 homes repaired; Maximum award \$25,000 per approved applicant.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	1,500,000
Fixed Capital Outlay	0
Total State Funds Requested	1,500,000

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)	1,500,000	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 2025-2026	1,500,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year 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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

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.

12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Contractual services to repair and rehabilitate up to approximately 81 qualified low income senior citizens homeowners dwellings as identified in the grant application and inspection.	1,500,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,500,000

13. Program Performance

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

Goal is to repair up to approximately 81 qualified low income senior citizens homeowners through a grant program established by the City that addresses basic home repairs that address ADA needs, HVAC, roofing, windows/ doorways, electrical, plumbing, fencing, etc. as identified in the home inspections in this financial disadvantaged municipality designated as a rural area of opportunity. Approx. 212 applications received, 131 homes repaired; Maximum award is up to \$25,000 per approved applicant.

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



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Contractual services to address up to approximately 81 qualified senior citizens homeowners located in this grant applications with necessary home improvements as identified, i.e., roofing, HVAC, doorways, windows, ADA needs, electrical, plumbing and fencing not to exceed \$25,000 per applicant that are located in a rural area of opportunity and within a financially disadvantage municipality.

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

Direct services for qualified grant recipients for home improvements and repairs addresses electrical, plumbing, HVAC, windows, doors, roofs, ADA needs, etc. Maximum grant award per applicant is up to \$25,000.

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

Target population is up to approximately 81 low/fixed income senior citizens homeowners located in a rural area of opportunity, financially distressed municipality.

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

Expected benefit is improved mental/physical health, quality of life and safety to the most vulnerable low income senior citizens. Completion and certification of the rehabilitation of up to approximately 81 unsafe homes within as identified through the City's grant program.

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?

Contractual milestones established throughout project, implementation of corrective action plan, non-payment of invoices until milestones completed.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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
- 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)?



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- 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

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number



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