



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1182

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Housing Education Program. To educate and train individuals in purchasing their first home, understanding credit, avoiding scammers posing as Landlords, training on the purpose of title and avoiding online scammers when filing deeds which will position them to own. Assist the youth, elderly, single parents and veterans. Train how to secure down payment assistance and closing cost & help them bounce back after hardships.

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	100,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>100,000</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)	100,000	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 2025-2026</b>	<b>100,000</b>	<b>100%</b>

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.

Donations and registrations.

**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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Delaine Smith will plan & schedule all training. Provide a detail study guide. On-call every week to Follow-up to ensure compliance & that the individual has successfully completed every course to position them for purchasing their home. Follow-up with realtors & lenders to ensure all paper work submitted.	36,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Mobile travel & Hotel from Jacksonville, Tallahassee, Pensacola, Palatka, Tampa, St. Augustine, Daytona, Deland, Orlando, Orange Park. (1 night stay, Teaching Friday night & all day Saturday) (3 Saturdays monthly -40 days), (3 times per month) & 4 hrs daily M-F for the working class after hours.	16,000
Consultants/Contracted Services/Study	Consultant Julie Payton, invited speakers (Financial advisors, Va Consultant, IT consultant to identify how to avoid scammers concerning deeds, titles and Credit specialist, monthly photographer & webmaster.	30,000
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	(3) Computers, 1 printer, room rental to host, phone line, website, copy material, 1 camera	18,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>100,000</b>

**13. Program Performance**

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



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The goal is to place and position 20% of those attending to own their own home. Those attending will receive top notch, step by step training on how to purchase their first home and keep it.

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

Delaine Smith will plan & schedule all training & register people. Provide a detail study guide. On-call every week to answer questions & provide direction. Follow-up to ensure compliance & that the individual has successfully completed every course to position them for purchasing their home. Follow-up with

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

Consultants, lenders and realtors will be included to ensure compliance and that the mission has been met for home ownership,

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

Young adults, Single moms,, Seniors and veterans. 2,500 yearly minimum

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

To have approved loans and keys into the hands of at least 20-30% of those attending. The method is their credit and their endurance to follow thru with the training.

**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?**

Funds returned or reimbursed.

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:**



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**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) Non Profit

**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**



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d. Phone Number

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