



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1254

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Eviction Prevention and Rental Assistance program will provide direct assistance to low-income households to prevent eviction by paying for back rent and fees, short-term rent payment assistance, and/ or utility bill payments. Additionally, for low-income families that have been evicted or are otherwise homeless, the program will assist with move in costs consisting of first and last month's rent and security deposits, short term rental subsidy, assistance locating an appropriate unit, and supportive services to include job search, financial literacy training, and other services. The program will also leverage existing resources to provide under-served residents who need emergency rent or utility assistance or case management services due to experiencing an unexpected loss of income and can demonstrate their ability to pay their household bills going forward after receiving assistance.

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
<b>Total State Funds Requested</b>	<b>1,500,000</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)	1,500,000	47%
<b>Matching Funds</b>		
Federal	648,872	20%
State (excluding the amount of this request)	350,000	11%
Local	710,000	22%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>3,208,872</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.



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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)?

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Funding will be used to provide direct assistance to the low-income households for assistance:  Payment of arrears to landlord to avoid eviction. One time move in assistance (rent, security deposit, and/or utility assistance). One time utility assistance. Short term rental assistance (not to exceed 12 months).	1,100,000
Consultants/Contracted Services/Study	To provide case management services to include:  Evaluation of individual needs Development of a housing plan Assistance in identifying suitable housing unit (housing navigation). Assistance obtaining public benefits. Connecting families to providers to address needs identified in the evaluation of needs. Housing Navigation Financial Literacy Employability Skills Other supportive services as required	400,000



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<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>1,500,000</b>

**13. Program Performance**

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

This funding would leverage existing resources to (a) continue providing and expand eviction prevention services to help under-served individuals and families avoid homelessness (Must have experienced a genuine hardship that has put them at risk of eviction but have a sustainable budget and are able to maintain and afford their housing expenses moving forward), (b) provide short term rental rental assistance and case management to under-served individuals and families experiencing homelessness to help them achieve self sufficiency and housing stability, and (c) provide one-time rent, security deposit, and/or utility assistance to under-served individuals and families experiencing homelessness to help them identify and secure housing provided that they have a sustainable budget and are able to maintain and afford their housing expenses moving forward.

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

Evaluation of individual needs  
 Development of a housing plan  
 Assistance in identifying suitable housing unit (housing navigation).  
 Assistance obtaining public benefits.  
 Connecting families to providers to address needs identified in the evaluation of needs.  
 Payment of arrears to landlord to avoid eviction.  
 One time move in assistance (rent, security deposit, and/or utility assistance).  
 One time utility assistance.  
 Short term rental assistance (not to exceed 12 months).

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

Evaluation of individual needs  
 Development of a housing plan  
 Assistance in identifying suitable housing unit (housing navigation).  
 Assistance obtaining public benefits.  
 Connecting families to providers to address needs identified in the evaluation of needs.  
 Payment of arrears to landlord to avoid eviction.  
 One time move in assistance (rent, security deposit, and/or utility assistance).  
 One Time utility assistance.  
 Short term rental assistance (not to exceed 12 months).

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

Individuals and families of all ages residing in Broward County at risk of or experiencing homelessness as defined by 24CFR 578.3 which includes the four categories listed below:

- Category 1 - Literally Homeless
- Category 2 - Imminent Risk of Homelessness
- Category 3 - Homeless Under Other Federal Statutes
- Category 4 - Fleeing/Attempting to Flee Domestic Violence

Additional information regarding these categories can be found at:

<https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories/>

The program is expected to serve 500 individuals.

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



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The expected outcome of this project is the Housing outputs on number of households assisted. To measure the effectiveness of program support, the County will report support outcomes including:

1. Number of people served;
2. Sixty-five percent of families served will obtain or maintain permanent, stable housing;
3. Sixty-five percent of households enrolled in case management services will maintain or increase income.

**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?**

Failure to meet deliverables will result in 10% reduction of payment.

**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)?**

- 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**



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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

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