

**LFIR # 1494** 

| 1. Project Title                                          | Habitat Seminol<br>Development                                   | e-Apopka - 25th an                                                    | nd Sarita Street Single  | Family Housing                                                 |                                              |  |  |
|-----------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------|----------------------------------------------------------------|----------------------------------------------|--|--|
| 2. Senate Sponsor                                         | Jason Brodeur                                                    |                                                                       |                          |                                                                |                                              |  |  |
| 3. Date of Request                                        | 2/13/2025                                                        |                                                                       |                          |                                                                |                                              |  |  |
| 4. Project/Program D                                      | escription                                                       |                                                                       |                          |                                                                |                                              |  |  |
| homeownership devoptimize the use of the critical housing | velopment. Habitat<br>limited land space a<br>need in Sanford by | will be creating an a<br>and create a small of<br>increasing stock of | homes for lower incor    | ship development i<br>ly owned homes. T<br>ne earners. Habitat | n Sanford that will his will help to address |  |  |
| 5. State Agency to re                                     | ceive requested fu                                               | unds Departm                                                          | nent of Commerce         |                                                                |                                              |  |  |
| State Agency cont                                         |                                                                  | t for Fiscal Year 20                                                  | 025-2026                 |                                                                |                                              |  |  |
| Type of Funding                                           |                                                                  |                                                                       | Amo                      | unt                                                            |                                              |  |  |
| Operating                                                 |                                                                  |                                                                       | 0                        |                                                                |                                              |  |  |
| Fixed Capital Outlay                                      |                                                                  |                                                                       | 700,000                  |                                                                |                                              |  |  |
| <b>Total State Funds Requested</b>                        |                                                                  |                                                                       | 700,000                  |                                                                |                                              |  |  |
| 7. Total Project Cost                                     | for Fiscal Year 202                                              | 25-2026 (including                                                    | matching funds ava       | ilable for this proj                                           | ect)                                         |  |  |
| Type of Funding                                           |                                                                  |                                                                       | Amount                   | Percentage                                                     |                                              |  |  |
| Total State Funds F                                       | Requested (from que                                              | estion #6)                                                            | 700,000                  | 35%                                                            | _                                            |  |  |
| Matching Funds                                            |                                                                  |                                                                       |                          |                                                                | _                                            |  |  |
| Federal                                                   |                                                                  |                                                                       | 200,000                  | 10%                                                            | 1                                            |  |  |
| State (excluding the                                      | e amount of this req                                             | uest)                                                                 | 0                        | 0%                                                             | 1                                            |  |  |
| Local                                                     |                                                                  |                                                                       | 1,081,125                | 55%                                                            | †                                            |  |  |
| Other                                                     |                                                                  |                                                                       | 0                        | 0%                                                             | 1                                            |  |  |
| <b>Total Project Cost</b>                                 | s for Fiscal Year 2                                              | 025-2026                                                              | 1,981,125                | 100%                                                           |                                              |  |  |
| 8. Has this project pr                                    | most recent insta                                                | nce:                                                                  | No                       |                                                                | 1                                            |  |  |
| Fiscal Year<br>(yyyy-yy)                                  |                                                                  | ount<br>                                                              | Specific Appropriation # | Vetoed                                                         |                                              |  |  |
| (уууу-уу)                                                 | Recurring                                                        | Nonrecurring                                                          | Appropriation #          |                                                                |                                              |  |  |
| 9. Is future-year fund<br>a. If yes, indicate r           | •                                                                | •                                                                     | No                       |                                                                | ]                                            |  |  |
| b. Describe the so                                        | _                                                                |                                                                       | lieu of state funding.   |                                                                | J                                            |  |  |



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10. Status of Construction

a. What is the current phase of the project?

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

| <ul><li>Planning</li></ul> | O Design          | Construction                                                              | O N/A      |                      |                            |                 |
|----------------------------|-------------------|---------------------------------------------------------------------------|------------|----------------------|----------------------------|-----------------|
| b. Is the project          | "shovel ready"    | (i.e permitted)?                                                          |            | No                   |                            |                 |
| c. What is the es          | stimated start da | te of construction?                                                       |            | 10/01/2025           |                            |                 |
| d. What is the es          | stimated comple   | tion date of constru                                                      | ction?     | 01/31/2027           |                            |                 |
| e. What funding            | stream will be ι  | sed for ongoing ope                                                       | erations a | and maintenance of   | the project?               |                 |
| Grants, SHIP F             | unds, Seminole C  | County Attainable Hou                                                     | sing Fund  | ds, Corporations     |                            | ı               |
| relationship be            | tween the owne    | o receive, directly or<br>rs of the facility and                          | the entit  | ý.                   |                            | ng. Include the |
| Habitat in 2024.           | When infrastruc   | Apopka currently owns<br>ture and construction<br>ndividuals, families in | of the hor | nes is complete, Hab | urchased by itat will then |                 |

### 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/<br>Other           |                                                                                                    | 0       |  |  |
| Consultants/Contracted<br>Services/Study              |                                                                                                    | 0       |  |  |
| Operational Costs                                     |                                                                                                    |         |  |  |
| Salary and Benefits                                   |                                                                                                    | 0       |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other           |                                                                                                    | 0       |  |  |
| Consultants/Contracted<br>Services/Study              |                                                                                                    | 0       |  |  |
| Fixed Capital Construction/Majo                       | r Renovation:                                                                                      |         |  |  |
| Construction/Renovation/Land/<br>Planning Engineering | Civil Engineering (175,000), Survey (125,000), Water (149,352), Sanitary (162,310), Storm (88,338) | 700,000 |  |  |
| <b>Total State Funds Requested (m</b>                 | ust equal total from question #6)                                                                  | 700,000 |  |  |

### 13. Program Performance

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

Create an affordable homeownership development in Sanford that will optimize the use of limited space and will create a small community of affordable homes.

The funds and project will allow us to address a critical need in Central Florida by increasing the stock of homes for lower income earners.



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

The funds will allow us to complete the infrastructure that is needed for the raw land that was purchased to increase the affordable housing stock in Seminole County. During the construction period all future homebuyers will increase their financial stability by participating in the Habitat homebuyer program as indicated by:

- increasing their credit scores by at least 100 points
- increasing their savings by at least \$2,500
- maintaining a debt-to-income ratio below 43%

| c. What direct services will be provided to citizens by the appropriati | ion pro | iect? |
|-------------------------------------------------------------------------|---------|-------|
|-------------------------------------------------------------------------|---------|-------|

Affordable homeownership opportunities.

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

Individuals and households earning between 60-80% of the area median income.

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

Increasing Sanford's stock of affordable owner-occupied homes. When the construction is completed, the homes will be sold to qualified homebuyers.

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?

Habitat recommends a penalty of .5% of appropriated funds each month that the specified and agreed upon deliverables

| in         | the contract are not met.                                                                                |
|------------|----------------------------------------------------------------------------------------------------------|
| 14. Is t   | his 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 infastructure) |
| b. N       | ame of the natural disaster (or Executive Order # for events not under a federal declaration):           |
| 15. Ha     | s the entity applied for or received federal assistance for this project?                                |
| □ <b>`</b> | Yes, Applied                                                                                             |
| <b>- '</b> | Yes, Received                                                                                            |
| □ 1        | No                                                                                                       |
| □ 1        | 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 app              | lied for o                 | r received state                       | assistance f        | or this projec | ct (other tha | n this reque | st)?              |
|-------------------------------------|----------------------------|----------------------------------------|---------------------|----------------|---------------|--------------|-------------------|
| ☐ Yes, Applied                      |                            |                                        |                     |                |               |              |                   |
| ☐ Yes, Received                     |                            |                                        |                     |                |               |              |                   |
| □ No                                |                            |                                        |                     |                |               |              |                   |
| ☐ No, but intends t                 | o apply                    |                                        |                     |                |               |              |                   |
| a. If yes, specify th<br>Commerce): | e progran                  | n and state ager                       | ncy (ex. Loca       | al Governmer   | nt Emergenc   | y Bridge Lo  | an, Department of |
| 17. Requester Contac                | t Informat                 | ion                                    |                     |                |               |              |                   |
| a. First Name                       | Kelly                      |                                        | Last Name           | Pisciotta      |               |              |                   |
| b. Organization                     | Habitat for<br>Florida, Ir | or Humanity of Sonc.                   | eminole Cour        | nty and Greate | er Apopka,    |              |                   |
| c. E-mail Address                   | kpisciotta                 | a@habitat-sa.org                       |                     |                |               |              |                   |
| d. Phone Number                     | (352)267                   | '-2118                                 | Ext.                |                |               |              |                   |
| 18. Recipient Contact               | Informati                  | on                                     |                     |                |               |              |                   |
| a. Organization                     | Habitat for<br>Greater A   | or Humanity of So<br>popka, Florida, I | eminole Cour<br>nc. | nty and        |               |              |                   |
| b. Municipality and                 | d County                   | Statewide                              |                     |                |               |              |                   |
| c. Organization Ty                  | pe                         |                                        |                     |                |               |              |                   |
| □For Profit Entity                  |                            |                                        |                     |                |               |              |                   |
| ☑Non Profit 501(d                   | c)(3)                      |                                        |                     |                |               |              |                   |
| □Non Profit 501(d                   | c)(4)                      |                                        |                     |                |               |              |                   |
| □Local Entity                       |                            |                                        |                     |                |               |              |                   |
| □University or Co                   | llege                      |                                        |                     |                |               |              |                   |
| □Other (please s                    | pecify)                    |                                        |                     |                |               |              |                   |
| d. First Name                       | Kelly                      |                                        | Last Name           | Pisciotta      |               |              |                   |
| e. E-mail Address                   | kpisciotta                 | a@habitat-sa.org                       |                     |                |               |              |                   |
| f. Phone Number                     | (352)267                   | '-2118                                 | Ext.                |                |               |              |                   |
| 19. Lobbyist Contact I              | nformatio                  | on                                     |                     |                | _             |              |                   |
| a. Name                             | None                       | <u> </u>                               |                     |                |               |              |                   |



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| 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.