



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1662

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The City of Fort Lauderdale plans to open a transitional shelter to provide temporary housing and support for individuals experiencing homelessness. The facility will offer intensive services such as case management, mental health care, job placement, substance use treatment, and financial counseling to help residents stabilize and reduce barriers to permanent housing. This initiative aims to improve residents' quality of life and facilitate their transition to self-sufficiency and long-term housing solutions.

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	0
Fixed Capital Outlay	1,000,000
<b>Total State Funds Requested</b>	<b>1,000,000</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)	1,000,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,000,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>2,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

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?  Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Federal and state grants

**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)?** No

**c. What is the estimated start date of construction?** 01/30/2026

**d. What is the estimated completion date of construction?** 09/01/2027

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

Private Public Partnership funding, led by the City.

**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.**

City of Fort Lauderdale

**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		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construct or renovate a transitional shelter facility.	1,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

**13. Program Performance**

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

The requested funds will be used to establish a transitional shelter facility in Fort Lauderdale to provide short- to medium-term housing for individuals experiencing homelessness. The goal is to create stability, reduce barriers to permanent housing, and offer supportive services such as case management, mental health support, job placement, substance use treatment, and financial counseling.

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

The facility will offer shelter along with intensive services, including case management, mental health counseling, job placement, substance use treatment, and financial counseling. These services will help residents transition from homelessness to permanent housing and work towards self-sufficiency.



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

The direct services provided will include access to safe transitional housing, case management, mental health and substance use support, job placement assistance, and financial counseling. These services are designed to help individuals regain stability and move towards permanent housing solutions.

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

Unsheltered individuals and families. Approximately 800+ will be served.

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

Receiving state funds will help leverage existing funds the City of Fort Lauderdale has received to create a transitional housing program. State funds will allow the purchase of transitional housing capacity to serve the large population of individuals and families experiencing homelessness to ensure the City has options to treat persons experiencing homeless with dignity and respect while complying with the new statute that addresses unauthorized camping or sleeping on public property.

**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?**

Return state funding.

**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
- 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



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- 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.*