



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1740

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

To purchase a private modular office space for behavioral therapy and social work on the campus of New Life Village, home to 52 low income families adopting children from foster care and children impacted by trauma. Additional funding will support the Architect and Engineering Costs for the community's 3rd phase of capital expansion, a mixed use building hosting office and program space as well as affordable 1 bedroom studios for low income seniors and Village youth transitioning to adulthood.

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	0
Fixed Capital Outlay	600,000
<b>Total State Funds Requested</b>	<b>600,000</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)	600,000	71%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	250,000	29%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>850,000</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.**



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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)?

No

c. What is the estimated start date of construction?

08/01/2025

d. What is the estimated completion date of construction?

12/15/2027

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

New Life Village general fund. New Life Village will also host a fundraising round to help support costs

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.

New Life Village

### 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	Behavioral Therapy & Social Work Modular Office. Architect, Engineer, Footers, Electric & Permits Modular. Phase III Architect Services and Engineering Services for a 11,000 s.f. mixed-use 4-story building.	600,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>600,000</b>

### 13. Program Performance

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



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

Social Work & Mental Health Therapy  
 Academic Tutoring  
 Crisis Intervention & Family Coaching  
 Educational Exploration & Advancement  
 Career Readiness Resources  
 Financial Literacy Workshops  
 Homeownership Program  
 Trauma- Informed Training  
 Psychoeducational & Support Groups  
 Arts, Wellness & Enrichment Activities  
 Communal Celebrations  
 Onsite Sports Activities  
 Mentoring Programs

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

Trauma Informed Wellness, Resilience & Character Development Program  
 Onsite Resources, Supports, and Activities  
 Family Support Plans  
<https://newlifelivillage.org/about/our-program/>

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

Elderly Persons, Persons with poor mental health, Economically disadvantaged persons, At-risk youth. Between 100-200 people 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?**

This project will expand trauma-informed wellness programs, mental health therapy, and social services at New Life Village, improving support for at-risk children and families. It will also enhance educational and career opportunities while increasing affordable housing for low-income seniors and transitioning youth. Success will be measured by tracking the number of individuals served, participant progress in mental health and social programs, educational and job advancements, and housing stability through data collection and community impact assessments.

**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 of funds

**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):**



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**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**

**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)



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- 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.*