



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1834

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

The IDDeal Place will be the first of its kind in Palm Beach County. The community will provide two-dozen plus individuals with intellectual & developmental disabilities (IDD) an opportunity to live independently from their caregivers in a safe, nurturing, & supportive environment. This community will provide supportive housing, average cost of \$35,000 pp, & will eliminate the need to place these individuals in a more costly institutional setting, average cost of \$135,000 pp. Building IDDeal Place will save taxpayers over \$2.0mm/yr. The Corp for Supportive Housing (CSH) estimates Florida currently needs over 9k supportive housing units for individuals with intellectual & developmental disabilities. Of this, approximately 30%, 2,750, are in South FL. The Agency for Persons with Disabilities (APD) estimates that 931 individuals with IDD are already on their current waiting list & need supportive, affordable housing. Of those, 183 reside in PBC. Data: APD 5YR Plan, Governor's Priorities.

5. **State Agency to receive requested funds**
- State Agency contacted?**  Yes  No

**6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	2,000,000
<b>Total State Funds Requested</b>	<b>2,000,000</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)	2,000,000	18%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	1,000,000	9%
Local	0	0%
Other	8,000,000	73%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>11,000,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes  No
- If yes, provide the most recent instance:**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	1,000,000	2780	No

9. **Is future-year funding likely to be requested?**  Yes  No
- 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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### Fiscal Year 2025-2026

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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)?

Yes

c. What is the estimated start date of construction?

01/01/2025

d. What is the estimated completion date of construction?

04/30/2026

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

The project is a rental housing community, as such, ongoing operations and maintenance will be funded by rental income. In addition, the Pulte Family Charitable Foundation will continue to support the project through annual giving as one of their major philanthropic housing initiatives.

**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.**

The facility owner and entity to receive funding is the same organization, the Intellectually Developmentally Disabled Community Foundation, a 501(c)(3) under EIN: 87-4001536.

**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	Capital to be utilized for vertical construction only. The purchase of the property, soft development (engineering, architecture, etc.), and hard development (horizontal) costs are being paid for via private contributions (in excess of \$4.0mm).	2,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

**13. Program Performance**

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



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Construction of the IDDeal Place will provide safe, affordable, and accessible housing for two-dozen plus individuals with intellectual and developmental disabilities in one of the highest cost areas of the state. Supportive housing provides a higher quality of life at a dramatically reduced cost to taxpayers (a savings of \$100k/pp/yr) when compared to institutional care. The goal is to provide 24/7 limited supervision, while promoting independent living, greater autonomy, and empower enhanced participation in the greater community. This initiative will also serve as a model community that can be replicated in other areas of the state. Data: APD 5YR Plan, Governor's Priorities.

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

The IDDeal Place will be designed, constructed, and managed by a non-profit organization that is highly focused on providing affordable and accessible housing in a safe, inclusive environment for individuals with IDD. There will be a central activity hub in the main building that will facilitate socialization, peer-to-peer support, and education for the residents. Opportunities to engage with peers will be both structured and unstructured, allowing residents to participate at a pace and level best for them. Ultimately, the residents will live in a community with peers and have far more companionship and engagement than living at home with aging caregivers or in an institutional setting.

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

By providing affordable and accessible housing units in a community setting specifically designed for individuals with IDD, the overall demand for direct support services for activities of daily living will be reduced. The concept of peer-to-peer support and neighbors-helping-neighbors becomes reality and the demand for taxpayer funded services is reduced. Daily living skills and training, educational and recreational enrichment, and opportunities to enhance self-sufficiency are the primary direct services to be provided. The Center for Medicare/Medicaid Services (CMS) requires that property ownership and support services must be separate. Funding for direct support services for residents will continue to be provided through the Medicaid Waiver iBudget or privately paid.

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

The Agency for Persons with Disabilities (APD) currently has a waiting list for services of over 22,000 individuals. Of those on the waiting list, the APD estimates 931 individuals need affordable and accessible housing. The real need is much greater than those on the waiting list. The Corporation for Supportive Housing (CSH) reports that there are over 9k individuals needing supportive housing in Florida. The IDDeal Place will provide two-dozen plus individuals with intellectual and developmental disabilities with permanent housing and help maximize their independence and self-determination. Residents will come from Palm Beach, Broward, and Miami-Dade counties. Data: APD Housing Needs Assessment, Data Tables, FL.

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

There will be two-dozen plus individuals with IDD that will not have to be institutionalized when their aging or current caregivers can no longer care for them. The residents will enjoy the benefits of living in a community setting that offers them choices of their daily activities and a higher quality of life. Outcomes will be measured by quarterly progress reports and an annual quality of life survey of the residents. Best practices will be established to ensure residents are maximizing their opportunities and community integration. Fiscal outcomes will be measured by comparing the cost of providing institutional care (average of \$135k/yr) versus supported living in a community setting (average of \$35k/yr). Data: CSH Housing Needs I/DD Systems Report 2022.

**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?**

Reimbursement of all funds back to the State. No additional penalties are required.

**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)



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## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1834

**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**

**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



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## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1834

- 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.*