



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1942

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

4. Project/Program Description

This senior housing development consists of 98 one- and two-bedroom units located at W. Flagler St. & 53rd Ave. Designed to provide safe, comfortable, and affordable housing for approximately 120 senior citizens, this development promotes independent living while ensuring access to essential amenities and support services.

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	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	15%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	5,700,000	85%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>6,700,000</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



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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?

09/01/2025

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?

The funding stream to be used for ongoing operations and maintenance of the building will come from federal vouchers (section 8) and the minimum rent from tenants (approx \$325 or less per month per unit).

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 building will be owned by the City of Miami, construction and operation will be achieved through partnership with a developer. The City of Miami will be the recipient of state funds.

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	Construction costs related to the development of this 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?

Affordable Housing for seniors citizens in the City of Miami.

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

Provision of 98 affordable housing units for senior citizens upon completion of construction of the project.

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

Affordable housing for seniors citizens.



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

The target population are senior citizens aged 60 and older , it is expected that this project will serve approximately 120 senior citizens.

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

The Senior Housing Development is expected to provide a secure, comfortable, and affordable living environment that enhances the quality of life for older adults. Key benefits and outcomes include Increased Housing Stability, Improved Health and Safety and Support for Independent Living.

**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?**

Standard contract penalties or revocation of funds

**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



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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

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