



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1974

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

4. Project/Program Description

The purpose of the Program is to eliminate physical barriers and imminent home deficiencies in homes owned by low income seniors with disabilities. With this Program Seniors will be able to remain in their homes.

5. State Agency to receive requested funds
- State Agency contacted?  Yes

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

Type of Funding	Amount
Operating	600,000
Fixed Capital Outlay	0
<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	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>600,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	500,000		No

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.
- There is no available funding for this project.

### 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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

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.

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	Costs as follows: Executive Director, 5% of FTE including fringe/benefits. Program Director, 10% of FTE including fringe/benefits. Fringe/benefits calculated at 32% of wages.	23,013
Other Salary and Benefits	Costs as follows: Director of Finance 10% of FTE including fringe/benefits. Administrative Assistant 10% of FTE including fringe/benefits. Fringe/benefits are calculated at 32% of wages.	16,749
Expense/Equipment/Travel/Supplies/Other	Administrative costs including occupancy, telecommunication, equipment expense and lease, technology costs, auditing fees, insurance, postage/printing and supply costs.	35,238
Consultants/Contracted Services/Study	N/A	0
<b>Operational Costs</b>		
Salary and Benefits	Costs as follows: Home Modification Coordinator, 50% FTE including fringe/ benefits calculated at 32% of wages.	34,000
Expense/Equipment/Travel/Supplies/Other	Direct operating costs including mileage reimbursement, occupancy, telecommunication, equipment expenses and lease, technology costs, auditing fees, insurance, postage/printing and supply costs.	6,000
Consultants/Contracted Services/Study	Costs associated with the rehabilitation/modification by outside construction contractors of 14 homes for low income seniors at an average cost per home of \$ 34,143, total cost of \$ 478,000. Also includes ancillary costs of \$ 7,000 which consists of miscellaneous consumer equipment at \$ 500 per consumer.	485,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<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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The program primary purpose it to assist lower income seniors with Disabilities to remain in their own homes by putting in place Home Modifications and repairs of imminent and significant deficiencies. This will also prevent costly Nursing Home Placement.

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

The services to be provided are to be evaluation, planning, and execution of physical changes and repairs to homes by licensed contractors and their staff. Physical accessibility improvements and imminent and significant home repairs will be made toward achieving the goal of each project. These services will prevent premature Nursing Home or Assisted Living Placements.

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

Direct construction and repair will be provided to each program participant household. Program will benefit Disabled Seniors in Hillsborough County ensuring safe and better quality of life.

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

The majority of consumers that will be served will be low-income seniors with disabilities and are at risk of losing residence in their own homes.

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

The anticipated outcome of the project is the physical improvement of 14-20 homes owned by low income seniors with disabilities.

**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?**

No suggested penalties since in most if not all cases deliverables are met in the time-frame outlined.

**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:**



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**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)
- 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**



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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.*