



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2166

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

We believe affordable housing is the platform for which healthy changes can be made. Once housing is addressed, staff ensure that other essential needs are met. Upon intake, apartments are fully furnished and stocked with necessities. Our family advocates, utilizing a strengths-based approach, work with each family to develop individualized treatment plans and provided full wrap around support.

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	100,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>100,000</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)	100,000	12%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	737,338	88%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>837,338</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.

private and local funding

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2166

**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)?**

**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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Funds will be spent towards the salaries of our social workers.	100,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<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>100,000</b>

**13. Program Performance**

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

CityHouse will provide long term affordable housing and full wrap around services to single mothers and their children experiencing homelessness in Palm Beach and Broward Counties.

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

We believe affordable housing is the platform for which healthy changes can be made. Once housing is addressed, staff ensure that other essential needs are met. Upon intake, apartments are fully furnished and stocked with necessities. Our family advocates, utilizing a strengths based approach, work with each family to develop individualized treatment plans and provided full wrap around support.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2166

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

Direct services include access to transportation, education/tuition payments, childcare, clothing, parenting classes, household management coaching, job coaching, legal aide, physical health, access to mental health support, increase in support systems and employment stability among others.

**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, persons with poor physical health, jobless persons, economically disadvantaged persons, at risk youth, homeless, drug users, preschool students, grade school students, highschooler students, university/college students, currently or formerly incarcerated persons, drug offenders, victims of crime. This will serve between 100-200 individuals.

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

According to the National Center on Family Homelessness, single mother families fall within the poorest percentile in the country, creating a particularly high vulnerability to homelessness. Palm Beach County ranks second in Florida based on the Homeless Coalition of Palm Beach Countys Point-In-Time Count. We hope to assist this vulnerable population.

**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 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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2166

- 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**



# The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

LFIR # 2166

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