

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

LFIR # 2532

1.	Project Title	Acquisition and I	Renovation of Hous	ing for Families with I	Minor Children	
2.	Senate Sponsor	Bryan Avila				
3.	Date of Request	3/3/2025				
4.	Project/Program De	scription				
	The Miami-Dade Co serve as rental housi system, the Homeles families where at least	ng for vulnerable, I ss Trust has approx	nomeless families waterings waterly 59 chronica	ally homeless families	ithin Miami-Dade C in need of perman	ounty's homeless ent housing, 134
5.	State Agency to rec	eive requested fu	nds Departm	ent of Commerce		
	State Agency conta	cted? No				
6.	Amount of the Nonro	ecurring Request	for Fiscal Year 20	25-2026		
	Type of Funding			Amo	unt	
	Operating				0	
	Fixed Capital Outlay				1,500,000	
	Total State Funds R	Requested			1,500,000	
7.	Total Project Cost fo	or Fiscal Year 202	5-2026 (including	matching funds ava	ilable for this proje	ect)
	Type of Funding			Amount	Percentage	
	Total State Funds Re	equested (from que	estion #6)	1,500,000	50%	
	Matching Funds					
	Federal			0	0%	
	State (excluding the	amount of this requ	uest)	0	0%	
	Local			1,500,000	50%	
	Other			0	0%	
	Total Project Costs	for Fiscal Year 20)25-2026	3,000,000	100%	
8.	Has this project pre If yes, provide the n	•	•	Yes		
	Fiscal Year	Amo		Specific Appropriation #	Vetoed	
	(уууу-уу)	Recurring	Nonrecurring	• •		
	2024-25	0	1,000,000	2347A	No	
9.	Is future-year funding a. If yes, indicate no			No		
	b. Describe the sou	rce of funding tha	at can be used in li	eu of state funding.		



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10.	Status of Constr	uction							
	a. What is the cu	rrent phase of th	ne project?						
	Planning	Design	Construction	O N/A					
b. Is the project "shovel ready" (i.e permitted)?					No				
	c. What is the est	timated start dat	te of construction?	05/31/2025					
	d. What is the est	timated complet	tion date of construc	05/31/2026					
	e. What funding s	. What funding stream will be used for ongoing operations and maintenance of the project?							
	Miami-Dade's 1%	% food and bever							
11. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Increlationship between the owners of the facility and the entity.									
	Miami-Dade County Homeless Trust								

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Acquisition and renovation of a property to provide housing to low-income families with minor children.	1,500,000
Total State Funds Requested (m	ust equal total from question #6)	1,500,000

13. Program Performance

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

Safe, affordable permanent rental housing for extremely low-income families with minor children experiencing homelessness.

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

Acquisition and renovation of housing for families experiencing homelessness.

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



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All families will receive case management. Tenants will also be connected with education, employment, health and behavioral health services and financial services as needed. Housing is one of the best-researched social determinants of health.

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

Extremely low-income families with minor children experiencing homeless, with a prioritization for disabled households

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

Safe, affordable housing for families with minor children experiencing homelessness. 95% retention in housing. Less than 10% will return to homelessness. 15% of households will increase employment and/or income.

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?

fo	r failing to meet deliverables or performance measures provided for in the contract?
F	Failure to meet deliverables will result in nonpayment.
14. Is	this project related to mitigation, response, or recovery from a natural disaster? No
a. I	f 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 infastructure)
b. l	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. Ha	as the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	No
	No, but intends to apply
a. I	f yes, provide the FEMA project worksheet ID#:
b. I	Provide the total project cost listed on the FEMA project worksheet:
16. Ha	as 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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Commerce):	e program and state agency (ex. Local Government Emergency Bridge Loa						
7. Requester Contac	t Informat	ion					
a. First Name	Victoria		Last Name	Mallette			
b. Organization	Miami-Da	ade County Hom	eless Trust				
c. E-mail Address	vmallette	@miamidade.go	ΟV				
d. Phone Number	(786)251	(786)251-8324 Ext.					
8. Recipient Contact	Information	on					
a. Organization	Miami-Da	ade County Hom	eless Trust				
b. Municipality and	d County	Miami-Dade					
c. Organization Ty	pe						
□For Profit Entity							
□Non Profit 501(d	c)(3)						
□Non Profit 501(d	c)(4)						
☑Local Entity							
□University or Co	llege						
□Other (please sp	□Other (please specify)						
d. First Name	Victoria		Last Name	Mallette			
e. E-mail Address	vmallette	vmallette@miamidade.gov					
f. Phone Number	(786)251	-8324	Ext.				
9. Lobbyist Contact I	nformatio	n					
a. Name	Ronald L	Book					
b. Firm Name	Ronald L	Book PA					
c. E-mail Address	ron@rlbc	okpa.com					
d. Phone Number	(305)935-1866						

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