



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2677

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

One Hopeful Place (OHP) seeks funding to renovate an existing, unoccupied building located on its property to transform it into a fully functional Homeless Shelter Intake and Resource Center. This new facility will serve as a centralized hub to provide intake services, case management, and essential resources for individuals experiencing homelessness in the local community. By repurposing the existing structure, OHP will expand its capacity to meet the growing needs of vulnerable populations and enhance its mission to restore hope and stability to those in crisis.

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	400,000
<b>Total State Funds Requested</b>	<b>400,000</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)	400,000	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>400,000</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

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

03/03/2025

d. What is the estimated completion date of construction?

12/21/2025

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

Ongoing operations and maintenance of the Homeless Shelter Intake and Resource Center will be supported through a diversified funding strategy. This includes:

- Community Donations: Contributions from individuals, businesses, and faith-based organizations in the community.
- Grant Funding: Continued pursuit of state, federal, and private foundation grants to support operational needs.
- Fundraising Events: Annual and ongoing fundraisers to generate unrestricted funds for operational sustainab

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.

Community Solutions of the Emerald Coast, dba One Hopeful Place.

### 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	Funding is requested for the planning, engineering, and construction of One Hopeful Place's Intake and Resource Center. This facility will provide essential services to support homeless and underserved individuals in the community.	0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>0</b>



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**13. Program Performance**

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

Our goal is to create a safe and supportive environment where homeless men and women in our community can access essential living provisions, develop critical life skills, and receive the resources needed to transition from homelessness or transitional housing to permanent, stable residency. By addressing immediate needs and fostering self-sufficiency, the project aims to empower individuals to achieve long-term stability and independence.

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

The building will support multiple programs. The center will focus on the intake process and provide case management to determine each homeless individual's specific needs such as substance abuse treatment, health screenings, educational courses, benefits advocacy, (SSDI), veterans' benefits, and housing transition.

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

The facility will provide homeless individuals with essential services, including meals, showers, clothing, and laundry facilities. Additionally, individuals will have access to resource advocacy, technical and educational opportunities, life skills training, and learning assistance to support their path toward stability and self-sufficiency.

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

The target population served by this project includes homeless men and women in the community who are in need of immediate assistance and resources to transition toward stability. It is estimated that the project will directly serve approximately 956+ individuals annually, providing essential services and support to address their basic needs and help them move toward permanent housing and self-sufficiency.

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

The expected outcome of this project is that the renovation of the existing building will expand One Hopeful Place's capacity to serve current participants and additional homeless individuals. The facility will provide essential resources, including educational and technical skill classes, social activities, workshops, and intake offices.

A successful outcome will be measured by:

- The number of homeless individuals completing the intake process.
- The participation rates in educational, technical, and life skills classes.
- The employment rates of individuals after program participation.
- The transition rates from homelessness to permanent housing.
- The self-sufficiency outcomes, tracked through follow-ups with participants moving into permanent housing.

These metrics ensure the project's impact is measurable and aligned with its goal of empowering individuals to achieve stability and independence.

**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?**

Failure to meet deliverables will result in return of funds.

**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):**



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**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
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)



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- 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.*