

LFIR # 2714

I. Project Title	You Thrive Flori	da House to Hom	e Program		
2. Senate Sponsor	Blaise Ingoglia				
3. Date of Request	3/4/2025				
. Project/Program D	escription				
Brooksville. The nev	w septic law has inc nal funding is neede	reased the cost to ed. The organization	three more homes in 1 b build by \$15,000 per hon does not have the fu	nouse. For ten new	homes, a total of
State Agency to re	ceive requested fu	inds Depart	ment of Environmental	Protection	
State Agency conta		for Fiscal Year 2	2025-2026		
Type of Funding			Amo	unt	
Operating				0	
Fixed Capital Outlay	/			150,000	
Total State Funds	Requested			150,000	
Type of Funding	to account and office are account	ti #C)	Amount	Percentage	
Total State Funds R	equested (from que	estion #6)	150,000	100%	
Matching Funds					
Federal			0	0%	
State (excluding the	amount of this requ	uest)	0	0%	
Local			0	0%	
Other			0	0%	
Total Project Costs	s for Fiscal Year 20	025-2026	150,000	100%	
3. Has this project pro If yes, provide the	•	_	No		
Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
). Is future-year fund	ing likely to be rec	juested?	No		
a. If yes, indicate n	onrecurring amou	int per vear.			
h Describe the see	•		lieu of state funding		
b. Describe the sou	•		lieu of state funding.		



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o project?		
O Construction	N/A	
e permitted)?	No	
e of construction?	April 1,2025	
on date of construction	n? 12/30/2025	
ed for ongoing operati	ons and maintenance	of the project?
community support.		
		al outlay funding. Include the
dba You Thrive Florida		
	e of construction? on date of construction ed for ongoing operati community support. receive, directly or ind s of the facility and the	Construction N/A No e permitted)? No April 1,2025 on date of construction? 12/30/2025 ed for ongoing operations and maintenance of community support. receive, directly or indirectly, any fixed capitals of the facility and the entity.

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	The funding will allow for You Thrive's House to Home program to comply with new septic laws and commence construction.	150,000
Total State Funds Requested (m	ust equal total from question #6)	150,000

13. Program Performance

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

You Thrive Florida's House to Home Program is building three more homes in Tangerine Estates and seven more in Brooksville. The new septic law has increased the cost to build by \$15,000 per house. For ten new homes, a total of \$150,000 in additional funding is needed. The organization does not have the funding needed to meet these new requirements and commence construction.

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

Funds will be used to help applicants achieve the goal of homeownership.

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



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Specifically, this project will support applicants with a demonstrated need for housing and the financial ability to own a home, even if they would not qualify for a traditional mortgage.

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

First time home buyers who may not qualify for traditional mortgages. 25-50 individuals will be served.

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

The expected benefits of the project include improved economic activity and mental health among program participants. The method of measuring this outcome will be follow up and reporting by participants.

penalties

	. What are the suggested penalties that the contracting agency may consider in addition to its standard or failing to meet deliverables or performance measures provided for in the contract?
	Potential loss of funding.
4. I	s 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 infastructure)
b.	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. F	las 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:
l6. F	las the entity applied for or received state assistance for this project (other than this request)?
	Yes, Applied
	Yes, Received
] No
Г	1 No but intends to apply



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a. If yes, specify th Commerce):	e program and state age	ncy (ex. Loca	al Government E	mergenc
. Requester Contac	t Information			
a. First Name	Richard	Last Name	Sanvenero	
b. Organization	Mid Florida Community S Home Program	Service DBA Y	ou Thrive FI Hou	se to
c. E-mail Address	rsanvenero@youthrivefl.	org		
d. Phone Number	(888)803-7483	Ext.		
8. Recipient Contact	Information			
a. Organization	Mid Florida Community S Thrive Fl House to Home	Service DBA Y Program	ou	
b. Municipality and	d County Hernando			
c. Organization Ty	ре			
□For Profit Entity				
☑Non Profit 501(d	c)(3)			
□Non Profit 501(d	c)(4)			
□Local Entity				
□University or Co	llege			
□Other (please s	pecify)			
d. First Name	Richard	Last Name	Sanvenero	
e. E-mail Address	rsanvenero@youthrivefl.c	org		
f. Phone Number	(888)803-7483	Ext.		
9. Lobbyist Contact I	nformation			
a. Name	Matthew Herndon			
b. Firm Name	RSA Consulting Group L	.LC		
c. E-mail Address	matt@rsaconsultingllc.co	om		
d. Phone Number	(941)704-2793			

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