

LFIR # 2922

1. Project Title	Big Bend Homel Formerly Homel	ess Coalition Refur ess Veterans	bishment of Apartmer	nts for Disabled	
2. Senate Sponsor	Corey Simon				
3. Date of Request	3/4/2025				
4. Project/Program De	escription				
housing units to creating will include ADA-mo	ate accessible, affo difications along wi	rdable apartments f th critical upgrades	to windows, plumbing	veterans with disab , bathrooms, floorir	ilities. The renovation
5. State Agency to red	ceive requested fu	nds Departm	ent of Children and Fa	amilies	
State Agency conta	cted? Yes				
6. Amount of the Noni		for Fiscal Year 20	25-2026		
Type of Funding			Amo	unt	
Operating				419,073	
Fixed Capital Outlay	1			1,196,948	
Total State Funds I	Requested			1,616,021	
7. Total Project Cost f	or Fiscal Year 202	5-2026 (including	-		ect)
Type of Funding	aguantad (from gua	oation #6\	Amount	Percentage	
Total State Funds R Matching Funds	equested (from que	estion #o)	1,616,021	100%	
Federal			0	0%	
State (excluding the	amount of this regi	iest)	0	0%	
Local	amount of this requ	1001)	0	0%	
Other			0	0%	
Total Project Costs	s for Fiscal Year 20	025-2026	1,616,021	100%	
8. Has this project pro If yes, provide the	eviously received	state funding?	No		
Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
9. Is future-year fundi	ing likely to be req	uested?	No		
a. If yes, indicate n	onrecurring amou	nt per year.			
	_		iou of state funding		
	_		ieu of state funding.		



10. Status of Construction

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

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Complete questions 10 and 11 for Fixed Capital Outlay Projects

a. What is the cu	rrent phase of t	he project?		
Planning	O Design	Construction	O N/A	
b. Is the project	"shovel ready" (i.e permitted)?		Yes
c. What is the es	timated start da	te of construction?		09/30/2025
d. What is the es	timated comple	tion date of construc	ction?	05/29/2026

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

Rehabilitation of the units to serve formerly homeless veterans will allow agency to access VA vouchers for rent. Funds from the rent will be used for operations and maintenance.

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.

Big Bend Homeless Coalition, the region's largest non-VA provider of veterans' services, is a 501(c)3 organization founded in 1987, which owns and operates the apartment units.

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	Administrative costs limited to 5% of budget to cover finance staff time and effort inclusive of audit costs.	76,953
Expense/Equipment/Travel/Supplies/ Other	Contract with hotels for hotel rooms for displaced persons during construction \$259,000 (18 individuals or rooms per night for 120 days @ \$120.00 per night inclusive); labor, transportation and storage of furniture \$33,120	292,120
Consultants/Contracted Services/Study	Contact for case manager at motel site (6 months) and management oversight of construction.	50,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Renovation of 18 housing units with critical accessibility modifications for veterans with disabilities, including: replacing windows, upgrading plumbing and bathrooms, remediating mold, installing new flooring, and adding ADA-compliant features.	1,196,948
Total State Funds Requested (m	ust equal total from question #6)	1,616,021

13. Program Performance

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



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Big Bend Homeless Coalition, the region's largest non-VA provider of veterans' services, seeks funding to renovate 18 housing units to create accessible, affordable apartments for formerly homeless veterans with disabilities. Plan for HOPE navigators to be matched to clients.

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

The renovation will include ADA-modifications along with critical upgrades to windows, plumbing, bathrooms, flooring, plus mold remediation. Funds will also provide temporary relocation assistance during construction.

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

The project will provide ADA-modified, accessible housing units for formerly homeless veterans with disabilities, including temporary relocation assistance during renovation. HOPE navigators will be matched to clients to support their transition and housing needs.

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

The target population is formerly homeless veterans with disabilities of which there is a backlog for placement in the Big Bend region. The project will serve 18 veterans annually by renovating housing units to create accessible, affordable apartments.

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

The project aims to provide stable, accessible housing for disabled veterans, reducing homelessness and improving quality of life. Outcomes will be measured by tracking the number of veterans successfully housed, maintaining occupancy rates, and assessing client satisfaction through follow-up surveys and HOPE navigator reports.

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?

a. If yes, provide the FEMA project worksheet ID#:



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b. Provide the total	l project cost listed on th	ne FEMA proj	ect workshee	t:		
16. Has the entity app	olied for or received state	e assistance t	or this projec	t (other than	n this reques	t)?
☐ Yes, Applied						
☐ Yes, Received						
□ No						
□ No, but intends t	to apply					
	ne program and state age	ency (ex. Loca	ıl Governmen	t Emergenc	y Bridge Loa	n, Department o
17. Requester Contac	t Information					
a. First Name	Nick	Last Name	Maddox			
b. Organization	Big Bend Homeless Coa	llition				
c. E-mail Address	nmaddox@familypromise	ebigbend.org				
d. Phone Number	(850)284-6182	Ext.				
18. Recipient Contact	Information					
a. Organization	Big Bend Homeless Coa	llition				
b. Municipality and	d County Leon					
c. Organization Ty	pe					
□For Profit Entity	,					
☑Non Profit 501(d	c)(3)					
□Non Profit 501(d	c)(4)					
□Local Entity						
□University or Co	ollege					
□Other (please s	pecify)					
d. First Name	Nick	Last Name	Maddox			
e. E-mail Address	nmaddox@familypromise	ebigbend.org				
f. Phone Number	(850)284-6182	Ext.				
19. Lobbyist Contact I	Information					
a. Name	Christina Daly Brodeur					



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b. Firm Name	Ballard Partners
c. E-mail Address	christy@ballardpartners.com
d. Phone Number	(850)577-0444

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