

LFIR # 2988

1. Project Title	е	AMR at Pensac	ola, Inc Children	in Public Schools Livi	ng in Cars Project		
2. Senate Spo	nsor	Don Gaetz					
3. Date of Req	quest	3/7/2025					
4. Project/Pro	gram Des	scription					
resulting in t AMR at Pen recognized to (which AMR	the child b isacola, In by the sta t at Pensa	eing sleepy, malr ic, a 501(c)3 corp te of Florida), to r icola, Inc now owi	nourished, and nor oration, also COM ehab 13 two bedrons) to provide thes	n-responsive to classw MUNITY HOUSING Doom, one bathroom uni	ork. This project wo EVELOPMENT corp ts using one wing o parents (or parent) v	poration, CHDO (as	
5. State Agend	cy to rece	eive requested fu	ınds Departi	ment of Commerce			
State Agend	cy contac	ted? No					
6. Amount of t	he Nonre	curring Request	for Fiscal Year 2	2025-2026			
Type of Fur	nding			Amo	ount		
Operating					0		
Fixed Capita	al Outlay				1,100,000		
Total State Funds Requested					1,100,000		
7. Total Projec	t Cost fo	r Fiscal Year 202	25-2026 (including	g matching funds ava	ilable for this proj	ect)	
Type of Fur	nding			Amount	Percentage		
		quested (from que	estion #6)	1,100,000	71%		
Matching F	unds						
Federal				0	0%		
,	State (excluding the amount of this request)			0	0%		
Local				0	0%		
Other	_		_	460,000	29%		
Total Project	ct Costs t	for Fiscal Year 2	025-2026	1,560,000	100%		
•		viously received lost recent insta	_	No			
Fiscal Y		Amount		Specific	Vetoed		
(уууу-у	/y)	Recurring	Nonrecurring	Appropriation #			
•		g likely to be red	•	No			
a , 500, iii						I .	
		_		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 pro	oject?					
○ Planning	Construction N/A					
b. Is the project "shovel ready" (i.e pe	ermitted)?	No				
c. What is the estimated start date of	07/01/2025					
d. What is the estimated completion date of construction? 12/01/2025						
e. What funding stream will be used for	or ongoing operations	and maintenance of the	project?			
Tenants will pay a small stipend to cov	er insurance and mainter	nance (tax exempt)				
11. List the owners of the facility to recerelationship between the owners of			lay funding. Include the			
AMR at Pensacola, Inc. Both the owner of the facility and the entity seeking funds.						
12. Details on how the requested state fu	unds will be expended					

#### 12

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	AMR at Pensacola will construct 11 low income family units with permanent housing stability. These units will be constructed as a renovation phase of an existing property asset acquired by AMR with a capital contribution \$460,000. This \$460,000 is contributed solely by AMR as matching funds. The amount requested here is solely for renovation costs.	1,100,000
Total State Funds Requested (m	ust equal total from question #6)	1,100,000

#### 13. Program Performance

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

To create 11 affordable housing units for families in need.

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



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After construction of the 11 family units, local social service organizations will work with families to assess any ongoing needs they may have. AMR at Pensacola, Inc works closing with several such organizations, including Lifeview Group and Children and Family Services

	lousing.
d.	Who is the target population served by this project? How many individuals are expected to be served?
F	amilies at risk of homelessness, 40-50
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will
be	e measured?
ac	The outcome of the project will be to provide long-term housing for at risk families at very little cost to them each month, ereby decreasing the number of at risk families that are homeless or in danger of becoming homeless. This will be chieved through housing first and foremost, but it will be sustained by our dedication to providing access to the other ocial services needed by our at risk families population.
f. \	What are the suggested penalties that the contracting agency may consider in addition to its standard penaltie
fo	r failing to meet deliverables or performance measures provided for in the contract?
\$	250/day
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 infastructure)
b. N	lame of the natural disaster (or Executive Order # for events not under a federal declaration):
15. Ha	s 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#:
	Provide the total project cost listed on the FEMA project worksheet:
b. P	TOVIDE LITE LOLAT PROJECT COST HISTER OH THE FEINA PROJECT WORKSHEET.



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☐ Yes, Received					
□ No					
☐ No, but intends to	o apply				
a. If yes, specify the	e program	n and state agei	ncy (ex. Loca	al Government Emerger	cy Bridge Loan, Department of
Commerce):					
17. Requester Contact	Informat	ion			
a. First Name	James J.		Last Name	Reeves	
b. Organization	AMR at F	ensacola, Inc			
c. E-mail Address	jjreeves.e	esq@gmail.com			
d. Phone Number	(850)438	-4400	Ext.		
18. Recipient Contact	Information	on			
a. Organization		Pensacola, Inc.			
b. Municipality and	l County	Escambia			
c. Organization Ty	ре				
□For Profit Entity					
☑Non Profit 501(d	:)(3)				
□Non Profit 501(d	:)(4)				
□Local Entity					
□University or Co	llege				
□Other (please sp	ecify)				
d. First Name	James J.		Last Name	Reeves	
e. E-mail Address	jjreeves.e	esq@gmail.com			
f. Phone Number	(850)438	-4400	Ext.		
19. Lobbyist Contact I	nformatio	n			
a. Name	None				
b. Firm Name					
c. E-mail Address					
d. Phone Number					



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