

**LFIR #3114** 

1. Project Title	AMR at Pensacola Ho	omes for Vetera	ans			
2. Senate Sponsor	Don Gaetz					
3. Date of Request	3/7/2025					
4. Project/Program Des	cription					
A large number of Veraround \$1,000/month. Housing Development Veterans in need. This paying a small stipend	This project would pro Organization (CHDO) funding will allow the	ovide money to recognized by se Veterans to	AMR at Pensacola, I the State of Florida,	lnc., a 501(c)3 corp to build 12 tiny hon	oration and Community nes (400 sqft) for	
5. State Agency to rece	ive requested funds	Departme	ent of Veterans' Affair	·s		
State Agency contact	ed? No					
6. Amount of the Nonre	curring Request for F	Fiscal Year 202	25-2026			
Type of Funding			Amo	unt		
Operating				0		
Fixed Capital Outlay			990,000			
<b>Total State Funds Re</b>	quested		990,000			
7. Total Project Cost for	Fiscal Year 2025-202	26 (including r	natching funds ava	ilable for this proj	ect)	
Type of Funding			Amount	Percentage		
Total State Funds Reg	uested (from question	#6)	990,000	80%		
Matching Funds				00/		
Federal			0	0%		
State (excluding the ar	mount of this request)		0	0% 0%	1	
Local Other			250,000	20%	1	
	or Finant Venr 2025 2	0006	·			
Total Project Costs for	or Fiscal Year 2025-2	1026	1,240,000	100%		
8. Has this project prev If yes, provide the mo	•	funding?	No			
Fiscal Year	Amount		Specific	Vetoed		
(уууу-уу)	Recurring No	onrecurring	Appropriation #			
9. Is future-year funding a. If yes, indicate nor			No		]	
b. Describe the source	ce of funding that car	n be used in li	eu of state funding.			



**LFIR #3114** 

### 10. Status of Construction

a. What is the current phase of the project?							
Planning	<ul><li>Design</li></ul>	Construction	O N/A				
b. Is the project "shovel ready" (i.e permitted)?							
c. What is the estimated start date of construction?				05/01/2025			
d. What is the estimated completion date of construction? 11/1/2025							
e. What funding stream will be used for ongoing operations and maintenance of the project?							

Stipend from Veterans for insurance and maintenance, project will be exempt from most taxation, sponsor has been in the affordable housing business and a Community Housing Organization since 1989. Sponsor presently maintains over 150 affordable and low-income housing units.

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.

The sponsor of the facility will be the owner of the project and is contributing the land for the project.

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

Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits	Nannette Chandler - this project does not constitute additional salary requirements for the administration.  NO FUNDING IS REQUESTED FOR ADMINISTRATIVE COSTS.	0			
Other Salary and Benefits	N/A	0			
Expense/Equipment/Travel/Supplies/Other	N/A	0			
Consultants/Contracted Services/Study	N/A	0			
Operational Costs	Operational Costs				
Salary and Benefits	N/A - No additional staff members are needed to service these units.	0			
Expense/Equipment/Travel/Supplies/ Other	N/A	0			
Consultants/Contracted Services/Study	IN/A - AIVID AL FEDSACOIA INC. DANNELS WILL ONLE SELVICE TELATED HOUS				
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering	Construction Costs	990,000			
Total State Funds Requested (must equal total from question #6) 990,000					

### 13. Program Performance

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

Our goal is to construct 12 tiny homes for veterans in need. Veterans would only pay a stipend to cover insurance and maintenance.

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



LFIR # 3114

After construction of the tiny homes, local social service organizations will work with Veterans to assess any ongoing needs they may have. AMR at Pensacola, Inc works closing with several such organizations, including Lifeview Group, which provides mental health services.

	Housing
d.	Who is the target population served by this project? How many individuals are expected to be served?
1	2-24 Veterans
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will
be	e measured?
th th	The outcome of the project will be to provide long-term housing for veterans at very little cost to them each month, hereby decreasing the number of veterans that are homeless or in danger of becoming homeless. This will be achieved brough housing first and foremost, but it will be sustained by our dedication to providing access to the other social ervices needed by our Veteran 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?
\$	S250/day
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. N	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#:
	Provide the total project cost listed on the FEMA project worksheet:
b. F	Tovide the total project cost listed on the FEMA project worksheet.



**LFIR # 3114** 

☐ Yes, Received						
□ No						
☐ No, but intends to	o apply					
a. If yes, specify the	e progran	n and state agei	ncy (ex. Loca	al Governmer	nt Emergenc	y Bridge Loan, Department of
Commerce):						
17. Requester Contact	t Informat	ion				
a. First Name	Nannette		Last Name	Chandler		
b. Organization	AMR at F	Pensacola, Inc				
c. E-mail Address	nchandle	r10@gmail.com				
d. Phone Number	(850)516	-3863	Ext.			
18. Recipient Contact	Information	on				
a. Organization		Pensacola, Inc				
b. Municipality and	d County	Escambia				
c. Organization Ty	pe					
□For Profit Entity						
☑Non Profit 501(d	:)(3)					
□Non Profit 501(d	c)(4)					
□Local Entity						
□University or Co	llege					
☐Other (please sp	pecify)					
			7			1
d. First Name	Nannette		Last Name	Chandler		
e. E-mail Address			7			]
f. Phone Number	(850)516	-3863	Ext.			
19. Lobbyist Contact I		n				
a. Name	None					
b. Firm Name						
c. E-mail Address						1
d. Phone Number						



**LFIR #3114** 

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