

**LFIR #3131** 

| 1. Project Title         | Hope Partnership Attainable  | e Housing - Phase 1  |
|--------------------------|--|--|
| 2. Senate Sponsor        | Kristen Arrington  |  |
| 3. Date of Request       | 3/6/2025   |  |
| 4. Project/Program D     | escription   |  |
| 30-50 attainable ho      | d, they will be used toward site using units. After construction, lensure these residents not only | preparation, surveys and pre-development work for the construction of Hope Partnership entities and partners will provide adequate wrap survive, but thrive. |
| 5. State Agency to re    | ceive requested funds  | Department of Commerce   |
| State Agency conta       | acted? No  |  |
| 6. Amount of the Non     | recurring Request for Fiscal   | Year 2025-2026   |
| Type of Funding          |  | Amount   |
| Operating                |  | 0  |
| Fixed Capital Outlay     | /  | 500,000  |
| <b>Total State Funds</b> | Requested  | 500,000  |

### 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) | 500,000 | 100%       |
| Matching Funds                                 |         |            |
| Federal  | 0       | 0%         |
| State (excluding the amount of this request)   | 0       | 0%         |
| Local  | 0       | 0%         |
| Other  | 0       | 0%         |
| Total Project Costs for Fiscal Year 2025-2026  | 500,000 | 100%       |

8. Has this project previously received state funding? If yes, provide the most recent instance:

No

| Fiscal Year | Amo       | ount         | Specific        | Vetoed |  |
|-------------|-----------|--------------|-----------------|--------|--|
| (уууу-уу)   | Recurring | Nonrecurring | Appropriation # |        |  |
|             |           |              |                 |        |  |

9. Is future-year funding likely to be requested?

Yes

a. If yes, indicate nonrecurring amount per year.

500,000

b. Describe the source of funding that can be used in lieu of state funding.

In lieu of state funding, Hope Partnership will work to secure additional philanthropic funding or pursue larger financing options for phase two of this project.

### Complete questions 10 and 11 for Fixed Capital Outlay Projects



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| 10. St      | atus of Const                   | ruction             |  |            |                    |                            |     |
|-------------|---------------------------------|---------------------|--|------------|--------------------|----------------------------|-----|
| a. \        | What is the cu                  | irrent phase of the | ne project?                                      |            |                    |                            |     |
| (           | Planning                        | O Design            | Construction                                     | O N/A      |                    |                            |     |
| <b>b.</b> 1 | ls the project                  | "shovel ready" (    | i.e permitted)?                                  |            | No                 |                            |     |
| c. \        | What is the es                  | timated start da    | te of construction?                              |            | 04/01/2025         |                            |     |
| d. '        | What is the es                  | stimated comple     | tion date of construc                            | tion?      | 10/01/2028         |                            |     |
| e. \        | What funding                    | stream will be u    | sed for ongoing ope                              | rations a  | and maintenance    | of the project?            |     |
|             | arned income<br>dividual donati |                     | ties as well as philant                          | hropic fui | nding from grant p | artners and                |     |
| re          | elationship be                  | tween the owner     | o receive, directly or<br>rs of the facility and |            |                    | al outlay funding. Include | the |
| L           | Hope Partnersh                  | nip                 |  |            |                    |                            |     |

### 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<br>Services/Study              |  | 0       |  |  |
| Operational Costs                                     |  |         |  |  |
| Salary and Benefits                                   |  | 0       |  |  |
| Expense/Equipment/Travel/Supplies/Other               |  | 0       |  |  |
| Consultants/Contracted<br>Services/Study              |  | 0       |  |  |
| Fixed Capital Construction/Major                      | r Renovation:  |         |  |  |
| Construction/Renovation/Land/<br>Planning Engineering | Planning, site, work, surveys for the future construction of 30-50 attainable housing units. | 500,000 |  |  |
| Total State Funds Requested (m                        | ust equal total from question #6)  | 500,000 |  |  |

### 13. Program Performance

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

The funds requested will support the pre-planning, site work, survey work etc. for the future construction of anywhere from 30-50 units of attainable housing for those experiencing poverty and homelessness in Osceola county. Having a safe place to call home is the first step to achieving self determined stability, as it paves the way for individuals to move from short term problem solving to long term planning and goal setting in various aspects of their lives.

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



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The planning works that will be accomplished using these funds will allow Hope Partnership to build affordable housing units. After constructing the units we will also provide wrap around services through external partnerships and our program entities. Hope Works can provide employment assistance, training and referrals. Hope Center can provide case management and peer support groups. Hope Cares can provide emergency assistance such as supplemental food and clothing.

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

Direct services to citizens will be provided after the utilization of these funds to complete the planning work, when the housing units are constructed they will be utilized by residents who are currently living in unstable housing such as in hotels or motels or who are experiencing literal homelessness. Additionally, we intend to create an intentional, trauma responsive community that will provide direct services such as case management, peer support groups, emergency support, etc.

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

The target population will be those experiencing homelessness and poverty in Osceola County. If we are able to complete 30 units in phase one, we could serve up to 90 individuals.

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

Benefits of this project include improved physical and mental health and enhancing individuals economic self sufficiency. Hope Partnership has recently implemented more robust and validated impact measurement tools including the USDA Food Security Assessment, a Housing Stability Assessment, Trauma Responsive Awareness Assessment, and the Depression Anxiety and Stress Scale for participants in our various programs. We expect individuals who receive food assistance or connection to SNAP benefits from our programs to have an improved security score of at least one point. For housing stability, we hope participants have a 2 point increase in stability after being placed into a stable housing project (such as the one to be constructed after this pre-development work).

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?

| 5      | Suggested penalties include returning funds if metrics are not met.                                      |
|--------|--|
| 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. I   | 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. If yes, provide the FEMA project worksheet ID#:



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| b. Provide the total                | project co    | st listed on th | e FEMA proj    | ect worksheet:             |                    |
|-------------------------------------|---------------|-----------------|----------------|----------------------------|--------------------|
| . Has the entity app                | lied for or   | received state  | assistance t   | for this project (other th | an this request)?  |
| ☐ Yes, Applied                      |               |                 |                |                            |                    |
| ☐ Yes, Received                     |               |                 |                |                            |                    |
| □ No                                |               |                 |                |                            |                    |
| ☐ No, but intends t                 | o apply       |                 |                |                            |                    |
| a. If yes, specify th<br>Commerce): | e program     | and state age   | ncy (ex. Loca  | al Government Emerger      | ncy Bridge Loan, I |
| Requester Contac                    | t Information | on              | Last Name      | Downov                     |                    |
| b. Organization                     | Hope Part     | tnershin        | Last Name      | Downey                     |                    |
| c. E-mail Address                   |               | •               | artnership.ord |                            |                    |
| d. Phone Number                     |               |                 | Ext.           |                            |                    |
| Recipient Contact a. Organization   | Informatio    |                 |                |                            |                    |
| b. Municipality and                 |               | Osceola         |                |                            |                    |
| c. Organization Ty                  | pe            |                 |                |                            |                    |
| □For Profit Entity                  |               |                 |                |                            |                    |
| ☑Non Profit 501(d                   | c)(3)         |                 |                |                            |                    |
| □Non Profit 501(d                   | c)(4)         |                 |                |                            |                    |
| □Local Entity                       | , , ,         |                 |                |                            |                    |
| □University or Co                   | llege         |                 |                |                            |                    |
| ·                                   |               |                 |                |                            |                    |
| □Other (please s                    | pecity)       |                 |                |                            |                    |
| d. First Name                       | Mary          |                 | Last Name      | -                          |                    |
| e. E-mail Address                   |               | ney@thehopep    | 7              |                            |                    |
| f. Phone Number                     | (321)677-     | 0245            | Ext.           |                            |                    |



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| a. Name           | None |  |
|-------------------|------|--|
| 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.