



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3232

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

POC'S Emergency Assistance (EA) Program serves low-income, economically disadvantaged individuals, families, and elderly residents in Pinellas County who are at risk of becoming homeless. The EA Program provides short-term emergency financial assistance for rent/mortgage, utilities, transportation, food, and clothing that enables this population to avoid homelessness.

5. **State Agency to receive requested funds**
- State Agency contacted?**

**6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operating                          | 500,000        |
| Fixed Capital Outlay               | 0              |
| <b>Total State Funds Requested</b> | <b>500,000</b> |

**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        | 60%         |
| <b>Matching Funds</b>                                |                |             |
| Federal  | 192,750        | 23%         |
| State (excluding the amount of this request)         | 0              | 0%          |
| Local  | 100,000        | 12%         |
| Other  | 39,330         | 5%          |
| <b>Total Project Costs for Fiscal Year 2025-2026</b> | <b>832,080</b> | <b>100%</b> |

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

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

9. **Is future-year funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**10. Status of Construction**

**a. What is the current phase of the project?**

- Planning    
  Design    
  Construction    
  N/A

**b. Is the project "shovel ready" (i.e permitted)?**

**c. What is the estimated start date of construction?**

**d. What is the estimated completion date of construction?**

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

**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.**

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

| Spending Category  | Description  | Amount         |
|--|--|----------------|
| <b>Administrative Costs:</b>   |  |                |
| Executive Director/Project Head Salary and Benefits                    |  | 0              |
| Other Salary and Benefits  |  | 0              |
| Expense/Equipment/Travel/Supplies/Other                                |  | 0              |
| Consultants/Contracted Services/Study                                  |  | 0              |
| <b>Operational Costs</b>   |  |                |
| Salary and Benefits  | Case Manager - Salary \$54,000.00 plus 22% benefits = 65,978.00 - Conduct thorough assessments of clients' needs and help families develop a plan of action that addresses both short-term and long-term goals to stabilize their situations. Maintain regular contact with clients, assist families in addressing problems and unexpected challenges, and mobilize necessary resources situations. Maintain regular contact with clients, assist families in addressing problems and unexpected challenges, and | 65,978         |
| Expense/Equipment/Travel/Supplies/Other                                | Client Services - \$750-\$1,000 per client for a total of 500 clients - this funding will serve low income, economically disadvantaged individuals, families, and elderly residents in Pinellas County who are at risk of becoming homeless. The EA Program provides short-term emergency financial assistance for rent/mortgage and utilities, that enables this population to avoid homelessness.  | 434,022        |
| Consultants/Contracted Services/Study                                  |  | 0              |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |  |                |
| Construction/Renovation/Land/Planning Engineering                      |  | 0              |
| <b>Total State Funds Requested (must equal total from question #6)</b> |  | <b>500,000</b> |



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**13. Program Performance**

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

Our POC staff will evaluate clients' short- and long-term needs to create strategies that help reduce their reliance on recurring emergency assistance. Eligible clients will be referred to our Family Development/Wrap Around Program, which offers intervention services aimed at promoting financial stability and economic self-sufficiency. These services include financial literacy, budgeting, and education or training programs.

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

The funding will provide emergency assistance for rent, utilities, transportation, food, clothing, and other essential needs for individuals, families, and the elderly in Pinellas County who are at risk of homelessness.

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

The EA Program provides short-term emergency financial assistance for rent/mortgage, utilities, transportation, food, and clothing to enable this population to avoid homelessness. Financial assistance for rent/mortgage, utilities, transportation, food, and clothing ranges from \$750-\$1,000 per client for a total of 500 clients.

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

This project will serve 500 individuals, including the elderly, economically disadvantaged, and others in need of emergency assistance, throughout Pinellas County.

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

Clients will create strategies to reduce their reliance on recurring emergency assistance. They will have the opportunity to participate in our Family Development/Wrap Around Program, which offers intervention services designed to promote financial stability and economic self-sufficiency. These services include financial literacy, budgeting, and education/training. Success will be measured by making payments, enabling them to maintain stable housing.

**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?**

For failing to meet the deliverables, the contracting agency may consider reversion of funds and standard contract penalties.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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 infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No



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LFIR # 3232

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:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

Yes, Applied

Yes, Received

No

No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**

**c. Organization Type**

For Profit Entity

Non Profit 501(c)(3)

Non Profit 501(c)(4)

Local Entity

University or College

Other (please specify)

**d. First Name**  **Last Name**



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e. E-mail Address

f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name

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.*