



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3504

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

**4. Project/Program Description**

Funds will be used to purchase and renovate multiple properties to operate as transitional housing. The homes will need to be renovated to meet inspection standards. Also, homes will need to be furnished with essential living needs and appliances. Homes will be open to applicants who are in addiction recovery and are willing to commit to the foundation's transitional program.

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	100,000
Fixed Capital Outlay	200,000
<b>Total State Funds Requested</b>	<b>300,000</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)	300,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>300,000</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific 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)?** No

**c. What is the estimated start date of construction?** 06/0/2025

**d. What is the estimated completion date of construction?** 09/09/2025

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

Transitional home residents will pay rent to continuously fund the project. Also, organization revenue solicited during fundraising efforts.

**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.**

Facility will be purchased/owned by the organization. At this time, there are no prospective current owners that will receive funding, nor any relationships between 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	The decision made by our board is that the Executive Director's salary will max at \$60k/annually. This will be paid to the Executive Director if this appropriation is received.	30,000
Other Salary and Benefits	Hire a part-time administrative assistant to assist in accounting tasks. This assistant will also be responsible for managing the foundation's appropriation reporting.	18,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Travel expenses and a foundation vehicle will be used to commute to handle foundation business, as well as be used to transport the foundation's program participants to doctor appointments, work, etc.	52,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Purchase of properties and renovations to open transitional housing.	200,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>300,000</b>

**13. Program Performance**

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



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

Housing assistance, utility assistance, food assistance mental health counseling, recovery counseling, transportation to appointments.

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

As described above: Housing assistance, utility assistance, food assistance mental health counseling, recovery counseling, transportation to appointments.

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

Women/women with children who are homeless, economically disadvantaged, with poor mental health, in addiction recovery, drug offenders or formerly incarcerated persons. This project is expected to impact at least 25-50 individuals in the first year (can vary depending on funding amount how many properties are operational).

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

Improve mental health: Mental health can improve by attending regular counseling and recovery meetings. Measure by recording surveys with participants every 3 months to determine improvement throughout the program.  
Economic self-sufficiency: Job longevity, training/education for specific skills, financial management. Measure job longevity - at least 6+ months at once job with no performance issues, training/education. Measure financial responsibility by effective money management, no late bills, spending according to a realistic budget with no debt.

**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?**

Standard penalties

**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 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
- No, but intends to apply

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



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**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**

**e. E-mail Address**

**f. Phone Number**  **Ext.**

**19. Lobbyist Contact Information**



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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.*