



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3515

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project will efficiently expand workforce housing in the City of Marathon by adding 15 new units, ensuring that essential workers and hardworking families can live near their jobs, contribute to the local economy, and support critical services. By strengthening economic stability, reducing employee turnover, and enhancing service availability, this initiative maximizes taxpayer value through a fiscally responsible approach. Aligned with Florida Statutes Chapter 380, it advances the Legislature's intent to provide affordable housing near employment centers in the Florida Keys, reinforcing the sustainability and resilience of the community.

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                          | 0                |
| Fixed Capital Outlay               | 1,500,000        |
| <b>Total State Funds Requested</b> | <b>1,500,000</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)       | 1,500,000        | 25%         |
| <b>Matching Funds</b>                                |                  |             |
| Federal  | 0                | 0%          |
| State (excluding the amount of this request)         | 0                | 0%          |
| Local  | 0                | 0%          |
| Other  | 4,500,000        | 75%         |
| <b>Total Project Costs for Fiscal Year 2025-2026</b> | <b>6,000,000</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

### 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?

04/01/2026

d. What is the estimated completion date of construction?

04/01/2027

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

Ongoing operations and maintenance will be fully funded through private investment, ensuring long-term sustainability without taxpayer burden. Structured lease agreements and responsible property management will generate revenue, leveraging private sector efficiency to maintain affordable, high-quality workforce housing.

### 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.

VC Seaview Ltd. will be the owner.

### 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  |  | 0                |
| Expense/Equipment/Travel/Supplies/Other                                |  | 0                |
| Consultants/Contracted Services/Study                                  |  | 0                |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |  |                  |
| Construction/Renovation/Land/Planning Engineering                      | Construction of 15 workforce housing units in the City of Marathon to provide housing to critical local personnel. | 1,500,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |  | <b>1,500,000</b> |

### 13. Program Performance

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

The funds will expand workforce housing in the City of Marathon, ensuring essential workers can live near their jobs, strengthening the local economy, reducing worker shortages, and promoting a self-sufficient community—all in a fiscally responsible manner.



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

The funds will support the construction of 15 workforce housing units in the City of Marathon to address housing shortages and support essential workers while maintaining fiscal responsibility.

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

The appropriation project will provide workforce housing, ensuring that essential workers have access to affordable, high-quality housing near their jobs. This will help stabilize the local workforce, reduce commuting burdens, and support economic growth while maintaining a fiscally responsible approach.

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

This project will provide workforce housing for 15 essential worker families in the City of Marathon, supporting local economic stability and ensuring critical personnel can live affordably near their jobs.

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

This project will increase workforce housing in the City of Marathon, improving employee retention, reducing worker shortages, and strengthening the local economy. Success will be measured by occupancy rates, workforce retention data, economic impact, and resident satisfaction.

**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?**

Reversion of Funding

**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
- 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:**



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**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**

**a. Name**

**b. Firm Name**

**c. E-mail Address**



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d. Phone Number

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