



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 3752

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Homeless Shelter to be built on our property. The program will include homeless individuals checking in daily for showers, meals, clothing, toiletries, and a bed to sleep in each night. Shelter Workers will assist individuals with obtaining needed documents to obtain employment and housing and referring individuals that need detox or Recovery to the appropriate facilities for help. Shelter Workers will assist in referrals for free medical assistance, and mental health care. Shelter Workers will assist in referrals for free medical assistance, and mental health care. Shelter Workers will also assist individuals in finding employment.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	3,140,000
<b>Total State Funds Requested</b>	<b>3,140,000</b>

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,140,000	78%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	897,500	22%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>4,037,500</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.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 3752

## 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?

09/01/2026

d. What is the estimated completion date of construction?

11/30/2027

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

Annual Doorways/Homeless Coalition Funding.  
 Direct Budget Support for Staff Costs by Bay County Authorities.  
 Financial support from Ascension/Sacred Heart Hospital for indigent care per MOA.  
 PCRM Annual Fundraising.

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.

Panama City Rescue Mission, Inc.  
 Executive Director: Ross Clemons & Board of Directors

### 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	We will issue an RFP for contractors to bid on building one homeless shelter on land currently owned by Panama City Rescue Mission. The Shelter will provide services to the homeless in the 6 county region upon completion of the project.	3,140,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,140,000</b>

### 13. Program Performance

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 3752

The specific purpose or goal is have a Homeless Shelter available to un-housed individuals and families in our area to have a safe place to sleep. There are currently no other homeless shelters within a 2-hour radius of our area. Also, to assist individuals and families with obtaining needed mental, medical, and drug rehabilitation treatment. To assist individuals needing detox or Rehab in getting the help they need. To assist in obtaining documents for employment and housing. The Shelters will also provide space for the community during severe weather events.

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

Shelter workers assist clients in referrals to the appropriate Agency or Businesses to get the help needed.

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

Our direct services will include food, clothing, showers, and a bed to sleep in at night. Staff will connect homeless clients to needed services.

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

Homeless individuals and families and indigent individuals discharged from community hospitals.

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

The expected benefit or outcome of this project is to get homeless individuals and families off the streets and give them a safe place to shower, get food, and sleep while building trust in having a safe place to stay. We also expect to be able assist these individuals to get the help they need medically, mentally, and through helping them find employment and permanent housing. We will also direct individuals to drug rehabilitation resources when needed. Shelter Workers will document all referrals in our case files. The Shelter will also serve as a Severe Weather Shelter during inclement weather.

**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?**

Funding will be reimbursed.

**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#:**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 3752

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**

a. Name



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 3752

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.*