



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1440

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funds will be used for critical infrastructure improvements at the only full-service homeless rehabilitation shelter in south Broward County. Enhancements include installation of an emergency generator and impact windows/doors, replacement of aging beds, kitchen/structural renovations, a homeless outreach vehicle, and updated software. The Hollywood City Commission approved an annual allocation of \$390,000 in federal grant funding through 2030 to secure beds and services for Hollywood homeless families.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	50,000
Fixed Capital Outlay	2,100,000
<b>Total State Funds Requested</b>	<b>2,150,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,150,000	85%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	390,000	15%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>2,540,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. 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?

12. 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.

### 13. 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: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Vehicle to transport homeless clients and conduct community outreach	50,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Installation of hurricane impact windows and doors; renovation of kitchen and fountain; installation of emergency generator	2,100,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,150,000</b>

### 14. Program Performance

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

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



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Homeless clients will receive better meals and services in a secure facility whose safety is enhanced by improvements funded by this appropriation. This will help address the ongoing homeless crisis in southeastern Broward County and make the location where rehabilitative services are provided more attractive to homeless individuals who might be reluctant to seek assistance.

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

Homeless clients will receive better meals and services in a secure facility whose safety is enhanced by improvements funded by this appropriation. This will help address the ongoing homeless crisis in southeastern Broward County and make the location where rehabilitative services are provided more attractive to homeless individuals who might be reluctant to seek assistance.

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

Homeless and underprivileged population.

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

Homeless clients will receive better meals and services in a secure facility whose safety is enhanced by improvements funded by this appropriation. This will help address the ongoing homeless crisis in southeastern Broward County and make the location where rehabilitative services are provided more attractive to homeless individuals who might be reluctant to seek assistance. BOC staff will monitor all homeless clients that participate in BOC services from the time they register until they are self sufficient.

**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 the contract?**

If the project is not completed, funds would be returned to the State.

**15. Requester Contact Information**

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

**b. Organization**

**c. E-mail Address**

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

**16. 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)



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d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number