



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2808

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Development of an Assisted Living for individuals with intellectual and developmental disabilities, designed to provide greater autonomy than traditional community-based group homes and maximize self help/independent living skills. The development of this program on the site of an enriched independent living community addresses federal mandates to transition individuals with IDD, from facility-based settings to community based settings, while providing vocational, educational, and recreational enrichment, inclusion, and opportunities to enhance connectedness, integration, and self sufficiency within the community.

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 | 0 |
| Fixed Capital Outlay | 3,500,000 |
| Total State Funds Requested | 3,500,000 |

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) | 3,500,000 | 100% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2024-2025 | 3,500,000 | 100% |

8. Has this project previously received state funding?

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2022-23 | 0 | 2,000,000 | HL155 | No |

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?



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2808

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)?

No

c. What is the estimated start date of construction?

Dec. 30 2024

d. What is the estimated completion date of construction?

June 30, 2026

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.

Residences at Casa Familia, LLC. (wholly owned by Casa Familia, Inc, a 501(C)(3) non-profit organization)

13. Details on how the requested state funds will be expended

| Spending Category | Description | Amount |
|--|--|------------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | 0 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | Additionally, funds may be utilized to pay for program development, preoccupancy, and leasing services, and the staffing, consultants, and legal services to complete the project tasks. Additionally funds will be utilized to pay for bond and loan fees and costs as well as tax credit fees. | 500,000 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Capital funds to complete the development and construction of the Residences at Casa Familia, a 24 Bed Shared Living Facility, comprised of four 6-bedroom Homes, a 1200 Sq. Ft. Community Building, and shared amenities. Expenditures may include the cost of staff and or consultants to complete associated tasks. | 3,000,000 |
| Total State Funds Requested (must equal total from question #6) | | 3,500,000 |

14. Program Performance

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2808

The requested funds will support the creation of an Assisted Living Facility designed to meet the unique needs of adults with intellectual and developmental disabilities (IDD). Our goal is to provide 24/7 supervision while fostering independence and complying with federal mandates aimed at transitioning individuals with IDD from facility-based settings to community-based ones. In doing so, we aim to offer educational and recreational enrichment, promote inclusion, and create opportunities for enhanced connectedness, integration, and self-sufficiency.

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

A) Construction of four 6-bedroom homes and a centralized community building within an access-controlled phase. Construction activities encompass Site Preparation, Excavation, Grading, Foundation, Structural Framing, Roofing, Window and Door Installation, Plumbing, Electrical, HVAC Systems, Insulation, Drywall and Ceiling Installation, Flooring, Cabinetry and Fixtures Installation, Interior and Exterior Painting, Safety System Installation (Fire alarms, sprinklers, etc.), Landscaping and Site Work, Pathway and Walkway Construction, Roadway and Parking Lot Construction, Accessibility Features (Ramps, wide doorways, etc.), Interior Finishing (trim work, molding, etc.), Quality Control and Inspections, Final Inspections and Approvals, Staff Training and Orientation, and Furniture and Equipment Installation.
 B) Preoccupancy services: program development, staffing, and leasing activities.
 C) Staffing, legal services, and Consultants to complete deliverables associated with the project.

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

Services will include 24/7 Supervision as needed, daily living skills assistance and training, Residential Habilitation services, educational enrichment, on-site recreational activities, and planned activities such as shopping, dining out, going to movies and other recreational and leisure opportunities to enhance connectedness, integration, and self sufficiency.

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

Individuals served by this funding will include 24 adults with intellectual and developmental disabilities who require 24/7 supervision but who will benefit from living in an environment that maximizes their potential for independence and self determination.

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 develop best practices strategies to ensure residents are provided with a safe and secure environment and receive the training they require to maximize their self-help/independent living skills. This project will be programmatically designed to maximize opportunities for community integration and improve the quality of life of its residents.

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?

Reimbursement of funds 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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2808

- 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number