1. **Project Title**: Pasco County Veterans Family and Mental Illness Housing Community

2. **Senate Sponsor**: Ed Hooper

3. **Date of Request**: 11/18/2019

4. **Project/Program Description**: 77 unit veterans family and mental housing community

5. **State Agency to receive requested funds**: Department of Veterans' Affairs

   - **State Agency contacted?**: Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>2,000,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>2,000,000</td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>2000000</td>
<td>15.0 %</td>
</tr>
<tr>
<td><strong>Matching Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td>Local</td>
<td>1,000,000</td>
<td>78 %</td>
</tr>
<tr>
<td>Other</td>
<td>10,910,097</td>
<td>78 %</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2020-2021</strong></td>
<td>13,910,097</td>
<td>100 %</td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?**

   - Yes
   - No

   If yes, provide the most recent instance:

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Amount Recurring</th>
<th>Amount Nonrecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?**

   - Yes
   - No

   If yes, indicate nonrecurring amount per year.
<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administrative Costs:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operational Costs: Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fixed Capital Construction/Major Renovation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td>77 unit Veterans Family and mental health housing unit</td>
<td>2,000,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested (must equal total from question #6)</strong></td>
<td></td>
<td>2,000,000</td>
</tr>
</tbody>
</table>

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

The Florida Senate
Local Funding Initiative Request
Fiscal Year 2020-2021
LFIR # 1368
11. **Program Performance**

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

   This 77 unit housing project will provide safe sanitary housing for homeless or at risk of being homeless veterans and their families, and people with mental illness. Wrap around services will be provided by the VA, Pinellas Pasco Public Defender, and Vincent House Pasco.

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

   Wrap around support services will be provided by the VA, Pinellas Pasco Public Defender, and Vincent House Pasco. All monies in the request will be used specifically to build this housing community.

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

   77 (59 Veterans Family and 18 mental health) units of housing will be provided to homeless or at risk of being homeless families and individuals.

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

   The target population is homeless or at risk of being homeless veterans, their family, and mentally ill people. Expected number of people to be housed is 241.

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 is to reduce the homeless veteran and mental health health population in our community by 241 people. The outcomes will be measured by units being occupied.

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?**

   The contractor shall achieve Substantial Completion of the entire work no later than 365 days from issuance of the construction permit. If the contractor fails to achieve Substantial Completion with that stated time the contractor will receive a $1000.00 per day fine.
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2020-2021

12. 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.

Pasco County Housing Authority will own the property and be used for housing veterans and their families and people with mental illness.

13. Requestor Contact Information
   a. First Name          Last Name
      David               Lambert
   b. Organization
      Pasco County Housing Authority
   c. E-mail Address
      dlambert@wrec.net
   d. Phone Number
      (727)505-3179

14. Recipient Contact Information
   a. Organization
      Pasco County Housing Authority
   b. Municipality and County
      Pasco
   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
      Terrie               Staubs
   e. E-mail Address
      tstaubs@pascocountyhousing.org
   f. Phone Number
      (352)5670848

15. Lobbyist Contact Information
   a. Name
      None
   b. Firm Name
      None
   c. E-mail Address
      
   d. Phone Number
      
Page 4 of 4