1. **Title of Project:** Independence Landing

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 02/22/2019

4. **Project/Program Description:**
   Creation of permanent housing units for independent living for adult persons with developmental disabilities. Each housing unit will be leased to tenants for a period of a minimum of 12 months. All tenants will receive supportive services dependent on their individual needs. In creating affordable housing with supportive services, the target population will be able to achieve economic independence. Specifically, funds will be used for engineering and site work to prepare the property for vertical construction.

5. **State Agency to receive requested funds:** Department of Economic Opportunity

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td></td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>800,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>800,000</strong></td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>800,000</td>
<td>6.43%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>4,000,000</td>
<td>32.13%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>7,650,000</td>
<td>61.45%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>12,450,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

9. **Is future-year funding likely to be requested?** No

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

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs:</td>
<td>Executive Director/Project Head Salary and</td>
<td></td>
</tr>
</tbody>
</table>
### Benefits

<table>
<thead>
<tr>
<th>Other Salary and Benefits</th>
<th>Expense/Equipment/Travel/Supplies/Other</th>
<th>Consultants/Contracted Services/Study</th>
</tr>
</thead>
</table>

### Operational Costs:

<table>
<thead>
<tr>
<th>Salary and Benefits</th>
<th>Expense/Equipment/Travel/Supplies/Other</th>
<th>Consultants/Contracted Services/Study</th>
</tr>
</thead>
</table>

### Fixed Capital Construction/Major Renovation:

<table>
<thead>
<tr>
<th>Construction/Renovation/Land/Planning Engineering</th>
<th>Funds will be used for engineering and site work to prepare the property for vertical construction.</th>
<th>800,000</th>
</tr>
</thead>
</table>

### Total State Funds Requested (must equal total from question #6) | 800,000 |

11. **Program Performance:**

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

   Creation of permanent housing units for independent living for adult persons with developmental disabilities. Each housing unit will be leased to tenants for a period of a minimum of 12 months. All tenants will receive supportive services dependent on their individual needs. In creating affordable housing with supportive services, the target population will be able to achieve economic independence. Specifically, funds will be used for engineering and site work to prepare the property for vertical construction.

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

   A full range of services will be provided to the tenants on-campus, including vocational education and placement, job readiness and placement, recreational opportunities, and individual financial counseling. A complete list of planned campus amenities is available upon request.

   **c. What are the direct services to be provided to citizens by the appropriations project?**

   A full range of services will be provided to the tenants on-campus, including vocational education and placement, job readiness and placement, recreational opportunities, and individual financial counseling.

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

   It is anticipated that 50-100 persons will be served annually. The target population is adult persons with intellectual disabilities.

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

   Success will be measured on the number of permanent leases during the 6 month lease period, which is anticipated to be 100 percent. Additional success measures include timely payment of rent, participation in economic self-sufficiency activities, and tenants’ participation and engagement in activities within the larger community. Property management staff will monitor tenant leases and rent payments, and the Service Coordinator will track each tenant’s participation, placement, and success in engagement in educational and vocational opportunities.
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?

   Standard contract penalties.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

   Independence Landing LLC.

13. Requestor Contact Information:
   a. Name: Allison Tant
   b. Organization: Independence Landing LLC
   c. E-mail Address: Allisontant@gmail.com
   d. Phone Number: (850)251-6040

14. Recipient Contact Information:
   a. Organization: Independence Landing LLC
   b. County: Leon
   c. Organization Type:
      ○ For Profit
      ○ Non Profit 501(c) (3)
      ○ Non Profit 501(c) (4)
      ○ Local Entity
      ○ University or College
      ○ Other (Please specify)
   d. Contact Name: Allison Tant
   e. E-mail Address: Allisontant@gmail.com
   f. Phone Number: (850)251-6040

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