

LFIR # 1532

1. Project Title	Alpha Omega N	Miracle Home Camp	ous - Phase I - St. Aug	ustine		
2. Senate Sponsor	Travis Hutson					
3. Date of Request	10/25/2021					
4. Project/Program D	escription					
supportive services The purpose of thes	to single mothers, se funds would be t de an additional 60	their children, and so	ed in Saint Augustine, senior women in need izontal construction an eless persons, at-risk f	of immediate housir d establish the 12 ir	nitial set of apartment	
5. State Agency to re	ceive requested f	unds Departn	nent of Economic Opp	ortunity		
State Agency conta	acted? No					
6. Amount of the Non	recurring Reques	t for Fiscal Year 2	022-2023			
Type of Funding			Amo	unt		
Operations				0		
Fixed Capital Outlay	/		3,500,000			
Total State Funds	Requested		3,500,000			
7. Total Project Cost to Type of Funding	for Fiscal Year 20	22-2023 (including			ect)	
Total State Funds Requested (from question #6)			Amount	Percentage		
Total State Funds R	lequested (from qu	estion #6)	3,500,000	Percentage 81%		
Total State Funds R Matching Funds	equested (from qu	estion #6)				
Matching Funds Federal			3,500,000 451,000	81% 10%		
Matching Funds Federal State (excluding the			3,500,000 451,000 0	81% 10% 0%		
Matching Funds Federal State (excluding the Local			3,500,000 451,000 0 161,291	81% 10% 0% 4%		
Matching Funds Federal State (excluding the Local Other	amount of this rec	quest)	3,500,000 451,000 0 161,291 200,000	81% 10% 0% 4% 5%		
Matching Funds Federal State (excluding the Local	amount of this rec	quest)	3,500,000 451,000 0 161,291	81% 10% 0% 4%		
Matching Funds Federal State (excluding the Local Other	amount of this red	quest)	3,500,000 451,000 0 161,291 200,000	81% 10% 0% 4% 5%		
Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project professor	s for Fiscal Year 2 eviously received	2022-2023 state funding?	3,500,000 451,000 0 161,291 200,000 4,312,291 No Specific	81% 10% 0% 4% 5%		
Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr	amount of this rec s for Fiscal Year 2 eviously received	2022-2023 state funding?	3,500,000 451,000 0 161,291 200,000 4,312,291	81% 10% 0% 4% 5% 100%		
Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr Fiscal Year (yyyy-yy) 9. Is future funding lift a. If yes, indicate n	e amount of this received Am Recurring kely to be requested and recurring amount of this received.	state funding? Nonrecurring ted? unt per year.	3,500,000 451,000 0 161,291 200,000 4,312,291 No Specific Appropriation #	81% 10% 0% 4% 5% 100% Vetoed		
Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr Fiscal Year (yyyy-yy) 9. Is future funding lift a. If yes, indicate n	e amount of this received Solve for Fiscal Year 2 eviously received Am Recurring kely to be requested to a conrecurring amount of the funding the contract of the funding the contract of	state funding? Nonrecurring ted? unt per year. at can be used in	3,500,000 451,000 0 161,291 200,000 4,312,291 No Specific Appropriation # No lieu of state funding.	81% 10% 0% 4% 5% 100% Vetoed	10 nandomia 2	



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

AOMH received \$213,173 from the federally funded PPP loan in 2020-2021.

11. 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		0				
Fixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering	Horizontal construction funding.	3,500,000				
Total State Funds Requested (must equal total from question #6) 3,500,000						

12. Program Performance

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

The purpose of these funds would be to complete the horizontal construction and establish the 12 initial set of apartment units. This will provide an additional 60 safe beds for homeless individuals, at-risk for homelessness women, their children, and senior women over the age of 60. The new AOMH Campus will allow vulnerable persons to obtain access to safe housing and supportive services such as life skills, job training, and transportation to school and work.

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

Phase I - Forcemain extension.

Phase II - Mobilization, earthwork, sewer, water, and storm water system.

Phase III - Construction of 11 apartment units.

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

Housing, transportation, case management, mental health counseling, life skills training, and job skills training.

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

Homeless individuals, at-risk for homelessness single mothers, their children, and senior women over the age of 60.

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

Water/sewage and electronic connections needed to maintain the new campus site. The infrastructure and first apartment phase completion allows for housing for 60 additional persons measurable by program enrollments.

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?



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Standard contract penalties are sufficient.

13. 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.

Alpha Omega Miracle Home is a nonprofit governed by a Board of Directors.



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14.	14. Requestor Contact Information							
	a. First Name	Lisa		Last Name	Franklin			
	b. Organization	Alpha Omega Miracle Home						
	c. E-mail Address	lisa@aomh.org						
	d. Phone Number	(904)823-8588 Ext.						
15.	15. Recipient Contact Information							
	a. Organization	Alpha On	nega Miracle Hor	ne				
	b. Municipality and	d County	Saint Johns					
	c. Organization Type							
	□For Profit Entity	or Profit Entity						
	☑Non Profit 501(c	Non Profit 501(c)(3)						
	□Non Profit 501(c)(4)							
	□Local Entity							
	□University or College							
	□Other (please specify)							
	d. First Name	Lisa		Last Name	Franklin			
	e. E-mail Address	lisa@aon	nh.org					
	f. Phone Number	(904)823-8588						
16.	16. Lobbyist Contact Information							
	a. Name	None						
	b. Firm Name	None						
	c. E-mail Address							
	d. Phone Number							