

LFIR # 1996

D. Describe the sou	rce of funding th	at can be used in	lieu of state funding.		
a. If yes, indicate no	_		liou of state funding		
Is future funding lik	•		No		
		10			
(3333-33)	Recurring	Nonrecurring	Appropriation #		
Fiscal Year (yyyy-yy)		ount	Specific Appropriation #	Vetoed	
Has this project pre	viously received	state funding?	No		
Total Project Costs	for Fiscal Year 20	022-2023	620,000	100%	
Other			310,000	50%	
Local			0	0%	
State (excluding the	amount of this requ	uest)	0	0%	
Federal			0	0%	
Matching Funds					
Total State Funds Re	equested (from que	estion #6)	310,000	50%	
Type of Funding		(o.ua.iig	Amount	Percentage	,
Total Project Cost for	or Fiscal Voar 202	2-2023 (including	ı matching funds avai	lable for this projec	~+)
Total State Funds R	Requested			310,000	
Fixed Capital Outlay				0	
Operations			Allio	310,000	
Type of Funding			Amor	unt	
Amount of the Nonre	ecurring Request	for Fiscal Year 2	022-2023		
State Agency contact	cted? Yes				
State Agency to rec	•	inds Departn	ment of Economic Oppo	ortunity	
	•		onal low to moderate inc		
required to close. Ha	bitat Broward abso ership. State funds	orbs closing costs or would be utilized t	of 5-6% of the home va to cover these high clos	lue, which is a signifing costs so the cost	icant barr t is not in
⊢iviake nomeownersh	<u> </u>	amilies by removin	ng the barrier of closing	costs through mitiga	atina upfr
Project/Program De	11/03/2021				
Date of Request Project/Program De	11/09/2021				
Date of Request Project/Program De	Lauren Book 11/09/2021				
Project/Program De	Lauren Book	anity of Broward -	Closing Costs		

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



LFIR # 1996

L			

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	Closing costs for 62 families on their affordable home purchase	310,000				
Consultants/Contracted Services/Study		0				
Fixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (must equal total from question #6) 310,000						

12. Program Performance

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

Make homeownership a reality for 62 families by removing the barrier of closing costs through mitigating upfront cash required to close. Habitat Broward absorbs closing costs of 5-7% of the home value which is a significant barrier to achieving homeownership. State funds would be utilized to cover these high closing costs so the cost is not incurred by families or Habitat Broward, thus utilizing funds for additional low to moderate income families.

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

State funds would be utilized to cover high closing costs so the cost is not incurred by families or Habitat Broward, thus utilizing funds for additional low to moderate income families.

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

State funds would be utilized to cover high closing costs so the cost is not incurred by families or Habitat Broward, thus utilizing funds for additional low to moderate income families.

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

201-400 elderly persons, economically disadvantaged persons, at-risk youth, developmentally disabled persons, physically disabled persons, veterans, first time home owners, single parent households, preschool students, grade school students, high school students, victims of crime, and working families.

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 directly increase the tax base of the community and increase economic activity in the surrounding areas. As families purchase their homes and move into their communities, stores, restaurants, and businesses will receive increased business and as a result of an affordable mortgage payment, families will have more disposable cash to stimulate the local economy. People will be diverted from the criminal justice/juvenile justice system. Individuals' economic self sufficiency will be enhanced and their mental and physical health improved.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties



LFIR # 1996

	for failing to mee	t deliverables or	performance m	neasures provided f	or the contract?
--	--------------------	-------------------	---------------	---------------------	------------------

00	100		
Standard	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.

The land owner is Habitat for Humanity of Broward. Habitat closes on the property when it turns the land over to the new homeowner purchasing the home, and then Habitat becomes the mortgage holder.



LFIR # 1996

14.	14. Requestor Contact Information						
	a. First Name	Nancy Last Name Robin					
	b. Organization	Habitat for Humanity of Broward, Inc.					
	c. E-mail Address	nancy@habitatbroward	.org				
	d. Phone Number	(954)809-9685	Ext.				
15.	Recipient Contact	Information					
	a. Organization	Habitat for Humanity of	Broward, Inc.				
	b. Municipality and	l County Broward					
	c. Organization Ty	ре					
	□For Profit Entity						
	☑Non Profit 501(c)(3)						
	□Non Profit 501(c	01(c)(4)					
	□Local Entity						
	□University or Co	llege					
	□Other (please sp	pecify)					
	d. First Name	Justine	Last Name	Morgan			
	e. E-mail Address	-mail Address justine@habitatbroward.org					
	f. Phone Number						
16.	6. Lobbyist Contact Information						
	a. Name	Corey Staniscia					
	b. Firm Name	CS Consulting Group, LLC					
	c. E-mail Address	corey@cscgroup.me					
	d. Phone Number	(954)806-7352					