

1. Project Title

2. Senate Sponsor

# The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

Opa-Locka CRA Homebuyer Assistance Programs

Shevrin Jones

LFIR # 2569

| create housing options                            | of increasing and  |   |  |  |  |
|---|--|---|--|--|--|
| create housing options                            | of increasing and  |   |  |  |  |
| developments. This fur<br>citizens as well as new | as assistance pro<br>nding will ensure<br>v residents have a<br>of up to \$2,000,0 | ommunity. In doin<br>grams for individu<br>that developers h<br>an opportunity to b | using stock, the OCRA ng so, the OCRA would als living in Section 8 have the cushion to develoecome eligible for imprent/homebuyer assistant | like to focus on attrousing to moving in<br>elop better housing<br>roved housing that we | acting working class<br>to mixed income<br>options and that<br>will be made available. |
| 5. State Agency to rece                           | •  | ı <b>nds</b> Departi  | ment of Economic Oppo  | ortunity   |  |
| State Agency contact                              | ted? No  |   |  | ,  |  |
| 6. Amount of the Nonred                           | curring Request  | for Fiscal Year 2   | 2022-2023  |  |  |
| Type of Funding                                   |  |   | Amo  | unt  |  |
| Operations  |  |   |  | 2,000,000  |  |
| Fixed Capital Outlay                              | -  |   |  | 0  |  |
| <b>Total State Funds Re</b>                       | equested   |   |  | 2,000,000  |  |
| 7. Total Project Cost for                         | Fiscal Year 202  | 2-2023 (includin  | g matching funds avai  | lable for this proje   | ect)   |
| Type of Funding                                   |  |   | Amount   | Percentage   |  |
| Total State Funds Reg                             | quested (from que  | estion #6)  | 2,000,000  | 100%   |  |
| Matching Funds                                    |  |   |  |  |  |
| Federal   |  |   | 0  | 0%   |  |
| State (excluding the ar                           | mount of this requ   | uest)   | 0  | 0%   |  |
| Local<br>Other                                    |  |   | 0  | 0%   |  |
|   |  |   |  | 0%   |  |
| Total Project Costs for                           | or Fiscal Year 20  | 022-2023  | 2,000,000  | 100%   |  |
| 8. Has this project previ                         | iously received  | state funding?  | No   |  |  |
| Fiscal Year                                       | Amo  | ount  | Specific   | Vetoed   |  |
| (уууу-уу)   | Recurring Nonrecurring   |   | Appropriation #  |  |  |
|   |  |   |  |  |  |
| 9. Is future funding likel                        | ly to be requeste  | ed?   | No   |  |  |
| a. If yes, indicate nor                           | nrecurring amou  | nt per year.  |  |  |  |
| b. Describe the source                            | ce of funding tha  | at can be used in   | lieu of state funding.   |  |  |
|   |  |   |  |  |  |
|   |  |   |  |  |  |



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Yes

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

- 1. Department of Treasury = American Rescue Plan Act \$3,978,531 (directly to the city through state, federal funds) Coronavirus Local Fiscal Recovery
- 2. Department of Justice = CARES Act \$84,741 (directly to the city, federal funds) BJA FY20 Coronavirus 2020-VD-BX-1836
- 3. Department of Treasury = CARES Act for programs \$2,099,999.98 (pass through to the city from the county, federal funds)
- 4. Department of Treasury = CARES Act for operating reimbursements \$2,002,093.09

#### 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/<br>Other                     |  | 0         |  |  |  |  |  |
| Consultants/Contracted<br>Services/Study                        |  | 0         |  |  |  |  |  |
| Operational Costs: Other  |  |           |  |  |  |  |  |
| Salary and Benefits   |  | 0         |  |  |  |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other                     | Provide subsidies for first-time homeowners and development incentives for creating and updating new housing stock in the OpaLocka CRA area. | 2,000,000 |  |  |  |  |  |
| Consultants/Contracted<br>Services/Study                        |  | 0         |  |  |  |  |  |
| Fixed Capital Construction/Majo                                 | r Renovation:  |           |  |  |  |  |  |
| Construction/Renovation/Land/<br>Planning Engineering           |  | 0         |  |  |  |  |  |
| Total State Funds Requested (must equal total from question #6) |  |           |  |  |  |  |  |

#### 12. Program Performance

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

Increasing and improving the housing stock by working with developers to create new housing options for the service community.

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

This funding will ensure that developers have the cushion to develop better housing options and that citizens as well as new residents have an opportunity to become eligible for improved housing that will be made available.

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

The focus would be on attracting working class professionals as well as assistance programs for individuals living in Section 8 housing to moving into mixed income developments.

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

Individuals in healthcare, education, law enforcement, and first responders; as well as first-time homebuyers and residents seeking to transition from low income housing.

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



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The funding provided will enable better housing options and citizens as well as new residents will have an opportunity to become eligible for improved housing that will be made available.

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?

| Standard contract penalties are sufficient. |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |

| relationship between the owners of the facility and the entity. |
|---|
|   |



14.

### **The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023**

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| 14. | Requestor Contact  | Informat                                 | ion                     |           |         |  |  |  |  |
|-----|--|--|-------------------------|-----------|---------|--|--|--|--|
|     | a. First Name  | Corion                                   |                         | Last Name | DeLaine |  |  |  |  |
|     | b. Organization  | Opa-locka Community Redevelopment Agency |                         |           |         |  |  |  |  |
|     | c. E-mail Address  | cdelaine                                 | cdelaine@opalockafl.gov |           |         |  |  |  |  |
|     | d. Phone Number  | (305)953                                 | (305)953-2868 Ext.      |           |         |  |  |  |  |
| 15. | 15. Recipient Contact Information                        |  |                         |           |         |  |  |  |  |
|     | a. Organization Opa-locka Community Redevelopment Agency |  |                         |           |         |  |  |  |  |
|     | b. Municipality and                                      | l County                                 | Miami-Dade              |           |         |  |  |  |  |
|     | c. Organization Ty                                       | ре                                       |                         |           |         |  |  |  |  |
|     | □For Profit Entity                                       |  |                         |           |         |  |  |  |  |
|     | □Non Profit 501(c  | :)(3)                                    |                         |           |         |  |  |  |  |
|     | □Non Profit 501(c  | )(4)                                     |                         |           |         |  |  |  |  |
|     | ☑Local Entity  |  |                         |           |         |  |  |  |  |
|     | □University or Co  | ollege                                   |                         |           |         |  |  |  |  |
|     | □Other (please specify)                                  |  |                         |           |         |  |  |  |  |
|     | d. First Name  | Corion                                   |                         | Last Name | DeLaine |  |  |  |  |
|     | e. E-mail Address  | cdelaine@opalockafl.gov                  |                         |           |         |  |  |  |  |
|     | f. Phone Number  |  |                         |           |         |  |  |  |  |
| 16. | 16. Lobbyist Contact Information                         |  |                         |           |         |  |  |  |  |
|     | a. Name  | None                                     |                         |           |         |  |  |  |  |
|     | b. Firm Name   | None                                     |                         |           |         |  |  |  |  |
|     | c. E-mail Address  |  |                         |           |         |  |  |  |  |
|     | d. Phone Number  |  |                         |           |         |  |  |  |  |