



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1186

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

The project will be a newly constructed workforce housing multi-family development in Tampa Bay. The goal is to assist in attracting and retaining crucial healthcare workers by providing affordable rental units. Once completed, it is anticipated that the development will be approximately 160 units with a mix of 1, 2, and 3 bedrooms. The targeted demographics are healthcare workers with incomes between 80-120% of the area medium income (per HUD \$89,400), with priority given to those who are employed at Tampa General Hospital and/or any affiliate or subsidiary of Tampa General Hospital or USF Health. The development will include space for childcare services and other standard amenities.

5. **State Agency to receive requested funds**

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	25,000,000
Total State Funds Requested	25,000,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	25,000,000	41%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	1%
Other	34,500,000	58%
Total Project Costs for Fiscal Year 2024-2025	60,000,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

It is not feasible to construct and operate a similar product with market rate debt and equity requirements to meet the 80-120% AMI rental range, thus state funding is necessary to offset these costs.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

13. 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	Funds will be used for the architectural design, civil engineering, planning, permitting and construction of the entire workforce housing project.	25,000,000
Total State Funds Requested (must equal total from question #6)		25,000,000

14. Program Performance

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



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These dollars are non-recurring capital expenditures associated with the construction of a workforce housing multi-family development in Tampa Bay. The goal is to assist in retaining and attracting crucial healthcare workers by providing affordable rental units. Once completed, the development will be approximately 160 units with a mix of 1, 2, and 3 bedrooms.

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

These funds will allow Tampa General Hospital to construct a workforce multi-family development. The development will assist in retaining and attracting crucial healthcare workers by providing affordable rental unit. The targeted demographics are healthcare workers with incomes between 80-120% of AMI (per HUD \$89,400), priority given to those who are employed at Tampa General Hospital and/or any affiliate or subsidiary of Tampa General Hospital or USF Health.

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

Once completed, it is anticipated that the development will be approximately 160 units with a mix of 1, 2, and 3 bedrooms as well as a childcare center.

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

The targeted population is the healthcare workforce earning between 80-120% of the area median income (per HUD \$89,400). Approximately 160 units will be constructed that will include a mix on 1, 2, and 3 bedroom units which would house up to 300 individuals depending on final unit mix and family size.

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

The benefit will be attracting and maintaining healthcare workers which is a critical need for sustainable healthcare operations in the Tampa Bay area. The methodology will be measured by length of stay by unit/turnover

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?

Failure to meet deliverables will result in loss of funds.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity



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University or College

Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number