

# The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 1259

| 1. Project Title   | Northend RISE Community Revit  | alization and Small Busi   | ness Incubation                                |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 2. Senate Sponsor  | Bobby Powell   |  |  |  |  |  |  |
| 3. Date of Request   | 11/15/2023   |  |  |  |  |  |  |
| 4. Project/Program Des   | scription  |  |  |  |  |  |  |
| Pleasant City and No<br>renovating distressed<br>residents on creating | Community Revitalization and Sma<br>rthwest neighborhoods located in V<br>legacy homes, buildings and land<br>a thriving small business corridor the<br>ess incubation for the neighborhoo | Vest Palm Beach. The p<br>in these neighborhoods<br>hat will include education | roject will focus on<br>. Additionally, the pr | repairing, restoring and roject will work with |  |  |  |
| 5. State Agency to rece  | State Agency to receive requested funds  Department of Commerce  |  |  |  |  |  |  |
| State Agency contact   |  |  |  |  |  |  |  |
|  |  | 0004 0005  |  |  |  |  |  |
|  | curring Request for Fiscal Year  | 2024-2025  |  | 1  |  |  |  |
| Type of Funding  |  | Amo  | Amount   |  |  |  |  |
| Operations   |  |  | 1,500,000                                      |  |  |  |  |
| Fixed Capital Outlay   | amunotod   |  | 4 500 000                                      |  |  |  |  |
| Total State Funds R  | equestea   |  | 1,500,000                                      |  |  |  |  |
| 7. Total Project Cost fo   | r Fiscal Year 2024-2025 (includin  | g matching funds ava   | ilable for this proje                          | ect)   |  |  |  |
| Type of Funding  |  | Amount   | Percentage                                     |  |  |  |  |
| Total State Funds Re   | quested (from question #6)   | 1,500,000  | 75%  |  |  |  |  |
| Matching Funds   |  |  |  |  |  |  |  |
| Federal  |  | 0  | 0%   |  |  |  |  |
| State (excluding the a   | mount of this request)   | 0  | 0%   |  |  |  |  |
| Local  |  | 0  | 0%   |  |  |  |  |
| Other  |  | 500,000  | 25%  |  |  |  |  |
| <b>Total Project Costs</b>   | for Fiscal Year 2024-2025  | 2,000,000  | 100%   | I  |  |  |  |
| 8. Has this project prev   | viously received state funding?  | No   |  |  |  |  |  |
| Fiscal Year  | Amount   | Specific   | Vetoed   |  |  |  |  |
| (уууу-уу)  | Recurring Nonrecurring   | Appropriation #  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 9. Is future funding like  | ely to be requested?   | No   |  |  |  |  |  |
| a. If yes, indicate no   | nrecurring amount per year.  |  |  |  |  |  |  |
| b. Describe the sour   | ce of funding that can be used in  | n lieu of state funding.   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 10. Has the entity requ  | esting this project received any   | federal assistance rela  | ted to the COVID-                              | 19 pandemic?                                   |  |  |  |
| No   |  |  |  |  |  |  |  |



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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**

| _                          | _                | _                     | _      |  |  |
|----------------------------|------------------|-----------------------|--------|--|--|
| <ul><li>Planning</li></ul> | O Design         | Construction          | N/A    |  |  |
| o. Is the project "        | 'shovel ready"   | (i.e permitted)?      |        |  |  |
| . What is the est          | timated start da | ate of construction?  |        |  |  |
| l. What is the es          | timated comple   | tion date of construc | ction? |  |  |

#### 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   | Operational costs to cover salaries and benefits for Project Manager, Business Incubation Manager, Community Ambassadors                     | 300,000   |  |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other                     | Funding to support grants to homeowners for reprais and small busienss start-up capital grants. Funds for community revitalization projects. | 1,000,000 |  |  |  |
| Consultants/Contracted Services/Study                           | Funds to support full-time contractor  | 200,000   |  |  |  |
| Fixed Capital Construction/Major Renovation:                    |  |           |  |  |  |
| Construction/Renovation/Land/<br>Planning Engineering           |  | 0         |  |  |  |
| Total State Funds Requested (must equal total from question #6) |  |           |  |  |  |

#### 14. Program Performance

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

Funds will be used to invest directly in community-led projects to strengthen social cohesion through home repair and creating economic opportunities through small business incubation. Additionally, funds will support activating vacant land and buildings with small business development in the Coleman Park and Northwestern corridor of West Palm Beach.

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



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Community residents will be able to apply for repair grants. These grants will be available for verified homeowners. Community residents will be able to apply for start up business grant. These grants will be available to residents who complete RISE business incubation program.

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

RISE will facilitate the process of engaging residents through awareness about funding opportunity. RISE will facilitate an entrepreneur business program specific for residents that will include education, training, grants and incubation.

RISE will oversee the home repair program which will include in-home assessments, plans of actions and manage the contractor.

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

The populations that will benefit from this service include: Elderly, Persons with poor physical health, economically disadvantaged persons, high school students and formerly incarcerated persons.

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

Improving the health outcomes of community residents as result of home repairs that improve ventilation, removal of contaminant, added safety supports, i.e. railing, opening doorways wider etc.. The measurement for this outcome will be to survey grant recipients pre-repair and one year post repair that will assess health outcomes utilizing improved health indicators index.

Improved physical environment as a result of community revitalization projects that include streetscape bicycle paths, lighted side walk and safe open spaces. The measurement for this outcome will be a pre and post survey with key indicators of improved environmental changes.

Increase economic opportunity for community residents that successfully completes entrepreneur programs and opens a small business in the community. Increase economic activity from residents to access goods and services in their community. The measurement for this outcome will be the number of successful graduates opening new businesses.

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?

If Northend RISE fails to meet deliverables, funds will be returned back to Department of Economic Opportunity.

| 5. Requester Contact                  | t Informati               | ion   |           |         |  |  |
|---------------------------------------|---------------------------|-------|-----------|---------|--|--|
| a. First Name                         | Upendo                    |       | Last Name | Shabazz |  |  |
| b. Organization                       | Northend RISE             |       |           |         |  |  |
| c. E-mail Address                     | ushabazz@northendrise.org |       |           |         |  |  |
| d. Phone Number                       | (561)310                  | -2649 | Ext.      |         |  |  |
| 6. Recipient Contact Information      |                           |       |           |         |  |  |
| a. Organization                       | Northend RISE             |       |           |         |  |  |
| b. Municipality and County Palm Beach |                           |       |           |         |  |  |
| c. Organization Type                  |                           |       |           |         |  |  |
| □For Profit Entity                    |                           |       |           |         |  |  |
| ☑Non Profit 501(c                     | c)(3)                     |       |           |         |  |  |
| □Non Profit 501(d                     | (4)                       |       |           |         |  |  |
| □Local Entity                         |                           |       |           |         |  |  |
|                                       |                           |       |           |         |  |  |



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| □University or Co                | llege                  |           |         |  |  |
|----------------------------------|------------------------|-----------|---------|--|--|
| □Other (please sp                | pecify)                |           |         |  |  |
| d. First Name                    | Upendo                 | Last Name | Shabazz |  |  |
| e. E-mail Address                | ushabazz@northendrise. | org       |         |  |  |
| f. Phone Number                  | (561)310-2649          |           |         |  |  |
| 17. Lobbyist Contact Information |                        |           |         |  |  |
| a. Name                          | None                   |           |         |  |  |
| b. Firm Name                     |                        |           |         |  |  |
| c. E-mail Address                |                        |           |         |  |  |
| d. Phone Number                  |                        |           |         |  |  |