

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

LFIR # 1748

I. Project Title	Hialeah Housing Authority Eld Phase II	lerly Aff	ordable Housing - H	offman Gardens	
2. Senate Sponsor	Bryan Avila				
3. Date of Request	12/05/2023				
I. Project/Program D	escription				
ELDERLY THAT IS HIALEAH HOUSING	THE HHA IS TO PROVIDE THE SAFE FOR ELIGIBLE FAMILIES G AUTHORITY (HHA 1). LOT D F ROXIMATELY +/- 600 SQUARE F	S. THE L HAS A T	LAND - "LOT D" ANI TOTAL OF .52 ACRE	D IS CURRENTLY ES. WE EXPECT T	OWNED BY THE
5. State Agency to re	ceive requested funds De	partmei	nt of Elder Affairs		
State Agency conta	acted? No	•			
. Amount of the Non	recurring Request for Fiscal Ye	ear 202	4-2025		
Type of Funding			Amo	unt	
Operations			Allio	0	
Fixed Capital Outla	V			1,000,000	
Total State Funds Requested				1,000,000	
Type of Funding	·		Amount	Percentage	,
Total State Funds F	Requested (from question #6)		1,000,000	33%	
Matching Funds					
Federal			0	0%	
State (excluding the amount of this request)			0	0%	
Local			2,000,000	67%	
Other			0	0%	
Total Project Cost	s for Fiscal Year 2024-2025		3,000,000	100%	
3. Has this project pr	eviously received state funding	j? [No		
Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring Nonrecurr	ring	Appropriation #		
9. Is future funding li	kely to be requested?	I	No		1
a. If yes, indicate nonrecurring amount per year.					
b. Describe the so	urce of funding that can be use	d in lie	u of state funding.		
0. Has the entity red	questing this project received a	ny fede	eral 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.

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complete questions 11 and	d 12 for Fixed Capi	tal Outlay Proj	jects
I. Status of Construction			
a. What is the current phase of the	project?		
O Planning O Design		1	
b. Is the project "shovel ready" (i.e	permitted)?	Yes	
c. What is the estimated start date	of construction?	7/2024	
d. What is the estimated completio	n date of construction?	7/2025	

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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Fixed Capital Outlay	1,000,000
Total State Funds Requested (m	ust equal total from question #6)	1,000,000

14. Program Performance

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

THE SPECIFIC PURPOSE OF THE HHA IS TO ABLE TO ADD 43 AFFORDABLE ELDERLY HOUSING UNITS TO THE CITY OF HIALEAH.

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



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THE HHA WILL BE ADDING MUCH NEEDED LOW INCOME ELDERLY HOUSING TO THE CITY OF HIALEAH, AND WILL ALSO BE ABLE TO PROVIDE THE 43 ELDERLY FAMILIES ENROLLMENT IN THE AUTHORITY'S HOT LÛNCH PROGRAM, AND ENROLLMENT IN THE RECREATIONAL ACTIVITIES TAILORED TO THE ELDERLY AND MUCH MORE.

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

THE PRIMARY SERVICE INTENDED BY THE APPROPRIATION PROJECT IS TO HOUSE 43 LOW INCOME **ELDERLY FAMILIES.**

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

THE TARGET POPULATION THAT WILL BE SERVED BY THIS PROJECT IS THE LOW INCOME ELDERLY. WE EXPECT TO SERVE 43 FAMILIES BY ADDING 43 OR MORE ELDERLY LOW INCOME UNITS TO THE COMMUNITY.

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

THE EXPECTED BENEFIT OF THIS PROJECT IS TO CONTINUE TO ADD LOW INCOME ELDERLY AFFORDABLE HOUSING TO THE HIALEAH COMMUNITY. THE OUTCOME OF THIS PROJECT WILL BE MEASURED BY HOUSING 43 FAMILIES WHICH WILL BE MEASURED A HOUSING ELIGIBILITY APPLICATION PROCESS. EACH FAMILY WILL NEED TO MEET WITH THE HOUSING PROGRAM ELIGIBILITY REQUIREMENT.

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?

In addition to contractual grant award penalties for failure to meet deliverables indicated by the assigned state agency the Hialeah Housing Authority agrees to revert funds.

15. Requester Contact	t Informati	ion		
a. First Name	Julio		Last Name	Ponce
b. Organization	Hialeah F	lousing Authority	1	
c. E-mail Address	jponce@I	nialeahousing.or	g	
d. Phone Number	(305)888	-9744	Ext.	
16. Recipient Contact	Information	on		
a. Organization	Hialeah Housing Authority			
b. Municipality and	d County	Miami-Dade		
c. Organization Ty	pe			
□For Profit Entity				
□Non Profit 501(d	c)(3)			
□Non Profit 501(d	c)(4)			
☑Local Entity				
□University or Co	llege			
☐Other (please sp	pecify)			
d. First Name	Julio		Last Name	Ponce



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e. E-mail Address	jponce@hialeahhousing.org	
f. Phone Number	(305)888-9744	

17. Lobbyist Contact Information

a. Name	Eduardo S Gonzalez
b. Firm Name	Sun City Strategies, LLC
c. E-mail Address	egonzalez102@yahoo.com
d. Phone Number	(786)351-5849