



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2741

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Miami-Dade County Homeless Trust is seeking to acquire and convert existing properties in Miami-Dade County to serve as rental housing with supportive services for vulnerable, formerly homeless households.

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	5,000,000
<b>Total State Funds Requested</b>	<b>5,000,000</b>

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)	5,000,000	31%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	10,900,000	69%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>15,900,000</b>	<b>100%</b>

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.**

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

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2741

Yes. HOME-ARP \$5 million (through Miami-Dade Public Housing and Community Development)  
HOME-ARP \$8 million (through the City of Miami) - Pending.

### 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)?

Yes

c. What is the estimated start date of construction?

09/01/2024

d. What is the estimated completion date of construction?

09/01/2025

**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.**

Facility will be owned by Miami Dade County Homeless Trust.

**13. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Acquisition and renovation	5,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>5,000,000</b>

**14. Program Performance**

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

Safe, affordable permanent rental housing for extremely low income households experiencing homelessness.

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

Acquisition and renovation.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2741

All tenants will receive case management. Tenants will also be connected with education, employment, health and behavioral health services and financial services. Housing is one of the best-researched social determinants of health.

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

Extremely low income households experiencing homeless, with a prioritization for seniors and disabled persons.

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

Safe, affordable housing for persons experiencing homelessness. At least 100 households served. 95% retention in housing. Less than 10% will return to homelessness. 15% of households will increase employment and/or income

**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?**

Corrective action plan may be required for failure to acquire and renovate property timely. Financial penalties may be imposed, unless DOE determines that extenuating circumstances exist and any action shall be based upon the severity of the unacceptable performance that generated the need for corrective action plan.

**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

University or College

Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

**17. Lobbyist Contact Information**

**a. Name**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2741

<b>b. Firm Name</b>	<input type="text" value="Ronald L. Book PA"/>
<b>c. E-mail Address</b>	<input type="text" value="ron@rlbookpa.com"/>
<b>d. Phone Number</b>	<input type="text" value="(305)935-1866"/>