

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

LFIR # 2965

1. Project Title	One Hopeful Pla Housing	ice - Demolition	Project to Expand H	omeless Shelter				
2. Senate Sponsor	Jay Trumbull							
3. Date of Request	01/04/2024							
4. Project/Program D	escription							
gallon capacity) from	n the existing home and affordable hous	less shelter proping. As a result of	perty at One Hopeful of the completion of t	his project there will b	pen up to 5 acres to build			
5. State Agency to re	ceive requested fu	ı nds Depa	rtment of Commerce)				
State Agency conta	acted? No							
6. Amount of the Non		for Fiscal Voor	- 2024 2025					
	recurring Request	TOI FISCAI TEAI						
Type of Funding				Amount				
Operations				200.00	0			
Fixed Capital Outlay Total State Funds				200,000 200,000				
'. Total Project Cost f	or Fiscal Year 202	4-2025 (includi	ng matching funds	available for this pro	oject)			
Type of Funding			Amount	Percentage				
Total State Funds R	equested (from que	estion #6)	200,	000 1009	<u>%</u>			
Matching Funds								
Federal				0 09				
State (excluding the	amount of this requ	uest)		0 09				
Local Other				0 09	_			
	- for Final Var. 0	204 2005	200	0 09				
Total Project Costs	s for Fiscal Year 20	J24-2025	200,	000 1009	<u>/o</u>			
8. Has this project pr	eviously received	state funding?	No					
Fiscal Year	Ame	ount	Specific	Vetoed				
(уууу-уу)	Recurring	Nonrecurrin	g Appropriation	1#				
9. Is future funding li	kely to be request	ed?	No					
a. If yes, indicate n	onrecurring amou	int per year.						
b. Describe the so	urce of funding th	at can be used	in lieu of state fund	ling.				
				-				
10. Has the entity req	uesting this proje	ct received any	federal assistance	related to the COVII)-19 pandemic?			
No								



11. Status of Construction

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Complete questions 11 and 12 for Fixed Capital Outlay Projects

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

	a. What is the current phase of the project?						
	Planning	O Design	Construction	O N/A			
b. Is the project "shovel ready" (i.e permitted)?					No		
c. What is the estimated start date of construction?					3/1/2024		

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.

3/1/2025

Community Solutions of the Emerald Coast (One Hopeful Place)

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

d. What is the estimated completion date of construction?

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	Planning, engineering, and general contracting associated with the demolition and removal of One Hopeful Place's 10 wastewater concrete treatment clarifiers (each concrete wastewater clarifier is 150,000 gallon capacity) from the existing property.	200,000			
Total State Funds Requested (m	ust equal total from question #6)	200,000			

14. Program Performance

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

The goal is to remove 10 concrete wastewater treatment clarifiers (each concrete wastewater clarifier is 150,000 gallons) from the existing property, which would open up 5 acres to build additional shelters and affordable housing.

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



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The removal of 10 concrete wastewater treatment clarifier on the existing One Hopeful Pace's property will allow the construction of additional shelter buildings and housing.

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

The direct services we will provide are safe, secure, and stable shelter, meals, water, laundry services, clothing, and the opportunity for transitional housing.

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

Over the life of this project, we expect and will target a population f over 800 chronically hard to reach unaccompanied men and women 18+ years homeless individuals, veterans, and the volunteer walk-in homeless population.

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 is to improve the shelter operations by providing resources to enhance homeless individual's lives. The renovation of the existing building would expand the capacity to operate the shelter providing many more resources, additional shelters, and housing to the increasing population of our community homeless. One Hopeful Place currently provides a safe shelter for 50 homeless men and 17 women participants. When the weather is below 40 degrees, One Hopeful Place opens the Cold Night Shelter building to all the community, including Okaloosa and Walton County, and averages 48 or more individuals. The outcome will be measured by the placement of homeless individuals into new shelter housing once the clarifiers are removed and more shelter housing will be built.

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 the return of funds to the administering agency.

15. Requester Contact Information

a. First Name	Ted	Last Name	Corcoran
b. Organization	Community Solutions of the	ne Emerald C	Coast (One Hopeful Place)
c. E-mail Address	tedcorcoran@fwbchambe	r.org	
d. Phone Number	(850)244-8191	Ext.	

16. Recipient Contact Information

Community Solutions of the Emerald Coast (One Hopeful Place)
(One hoperul Place)

b. Municipality and County Okaloosa

c. Organization Type

□For Profit Entity
☑Non Profit 501(c)(3)
□Non Profit 501(c)(4)
□Local Entity
□University or College
□Other (please specify)



17.

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Ted	Last Name	Corcoran			
tedcorcoran@fwbchambe	r.org				
(850)244-8191					
Lobbyist Contact Information					
None					
	tedcorcoran@fwbchambe (850)244-8191 nformation	tedcorcoran@fwbchamber.org (850)244-8191 nformation	tedcorcoran@fwbchamber.org (850)244-8191 nformation		