

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

LFIR # 2995

b. Describe the sou	irce of funding that can be						
	of founding that age ha	used in I	ieu of state funding.				
a. If yes, indicate n	onrecurring amount per ye	ear.					
9. Is future funding lil	cely to be requested?		No				
(уууу-уу)	Recurring Nonre	curring	Appropriation #				
Fiscal Year	Amount		Specific Appropriation #	Vetoed			
8. Has this project pro	eviously received state fun	ding?	No				
Total Project Costs	for Fiscal Year 2024-2025		3,000,000	100%			
Other			1,500,000				
Local			1 500 000	0% 50%			
State (excluding the amount of this request)			0	0%			
Federal			0	0%			
Matching Funds							
Total State Funds Requested (from question #6)			1,500,000	50%			
7. Total Project Cost f	or Fiscal Year 2024-2025 (i	ncluding	matching funds avai	lable for this proje	ect)		
Total State Funds I	requestea			1,500,000			
Fixed Capital Outlay			1,500,000				
Operations Fixed Capital Outlo	,		0				
Type of Funding			Amount				
6. Amount of the Non	recurring Request for Fisca	al Year 20	24-2025				
o. State Agency to red State Agency conta	ceive requested funds acted? No	рерант	ent of Commerce				
current capacity is 2 homeless cottages. housing and jobs, ar	00 individuals. Tampa Hope Tampa Hope works closely v nd is a collaboration betweer	is request with Tamp of Catholic	ing \$1,500,000 for 100 a Police Department to Charities and the City	) additional climate- o get individuals off	controlled temporar		
Tampa Hope is a sl	nelter that offers housing and unseling, basic health and d	d wrap-aro	und services for its clic	ents, including ment	tal health and		
4. Project/Program Do							
3. Date of Request	11/20/2023						
2. Senate Sponsor	Darryl Rouson						
1. Project Title	Tampa Hope Cottages - 0	Catholic Cl	narities				



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

**LFIR # 2995** 

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**

	atus of Constr What is the cur	uction rent phase of t	he project?				
(	Planning	O Design		O N/A			
b.	Is the project "	shovel ready" (	(i.e permitted)?		Yes		
c. What is the estimated start date of construction?				01/2024			
d.	d. What is the estimated completion date of construction?				06/2024		
			o receive, directly or rs of the facility and			ital outlay funding.	Include the
	Catholic Charitie	es					

#### 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	The \$1,500,000 would be spent on 100 Hope Cottages.	1,500,000
Total State Funds Requested (must equal total from question #6) 1,500,00		

#### 14. Program Performance

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

This will allow Catholic Charities / City of Tampa to purchase 100 Hope Cottages. Each cottage is climate controlled and can sleep up to 2 people.

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



none

15

16

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

**LFIR # 2995** 

To assist these women and men in achieving permanent housing and self-sufficiency in four months. To do so, we provide the following basic assistance in addition to shelter: three meals a day, toiletries (hygiene items), clothing, access to restrooms, showers and laundry facilities. Additionally, case managers and housing specialists help clients navigate services to obtain permanent housing, including basic health and dental care, mental health and substance abuse counseling, employment skills and assistance, education assistance, and more (e.g., financial literacy training).

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

Each person that goes to Tampa Hope is offered a clean place to sleep, food, and basic health, employment, and education services.

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

The target population this appropriation would serve are homeless individuals in the City of Tampa.

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

People that come to Tampa Hope have access to several different wrap around services which are aimed at helping them solve problems in their life to help them find permanent housing. Catholic Charities will measure how many people go to permanent housing after four months of receiving services at Tampa Hope.

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?

. Requester Contact Information				
a. First Name	Marley		Last Name	Wilkes
b. Organization	City of Tampa			
c. E-mail Address	marley.w	marley.wilkes@tampagov.net		
d. Phone Number	(813)274	-8497	Ext.	
. Recipient Contact	Information	on		
a. Organization	a. Organization Catholic Charities			
b. Municipality and County Hillsborough				
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	Maggie		Last Name	Roggers
e. E-mail Address	mrogers	@ccdosp.org		



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

LFIR # 2995

f. Phone Number (727)893-1314	f. Phone Number	(727)893-1314
-------------------------------	-----------------	---------------

#### 17. Lobbyist Contact Information

. Lobbyist Contact information			
a. Name	Angela M. Drzewiecki		
b. Firm Name	GrayRobinson PA		
c. E-mail Address	angela.drzewiecki@gray-robinson.com		
d. Phone Number	(850)577-9090		