



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2811

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

THE MISSION OF THE HHA IS TO PROVIDE THE COMMUNITY WITH QUALITY, AFFORDABLE HOUSING FOR THE ELDERLY THAT IS SAFE FOR ELIGIBLE FAMILIES. THE LAND - "LOT D" AND IS CURRENTLY OWNED BY THE HIALEAH HOUSING AUTHORITY (HHA 1). LOT D HAS A TOTAL OF .52 ACRES. WE EXPECT TO BUILD A TOTAL OF 43 UNITS OF APPROXIMATELY +/- 600 SQUARE FEET 1 BEDROOM, 1 BATH.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds 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 Costs for Fiscal Year 2025-2026	3,000,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	250,000	406A	Yes

9. Is future-year 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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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#### 10. 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?

7/2025

d. What is the estimated completion date of construction?

7/2026

e. What funding stream will be used for ongoing operations and maintenance of the project?

Funds other than those requested for this appropriation.

11. 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.

Local Entity - Housing Authority.

#### 12. 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</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	Fixed Capital Outlay	1,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

#### 13. Program Performance

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

THE SPECIFIC PURPOSE OF THE HHA IS TO BE 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?

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 LUNCH PROGRAM, AND ENROLLMENT IN THE RECREATIONAL ACTIVITIES TAILORED TO THE ELDERLY AND MUCH MORE.



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**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 in 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.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- ☐ Yes, Applied



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- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

#### 17. Requester Contact Information

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

#### 18. 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  Ext.

#### 19. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number



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*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*