



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1107

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The requested funds will allow Florida Keys Children Shelter (FKCS) to establish a new Transitional Living Program in the Upper Keys, expanding housing and supportive services for older youth transitioning to independence. This program will provide safe housing, life skills training, education, and employment support, strengthening statewide capacity to serve at-risk youth referred from Monroe, Miami-Dade, and across Florida. This program will provide the necessary skills for individuals to acquire independent living. Since 2021 Monroe County has secured \$1.6 million to fund the transitional living program. This funding will expand those critical services to the Upper Keys, maximizing the available federal funding.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

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 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	80%
Matching Funds		
Federal	200,000	16%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	50,000	4%
Total Project Costs for Fiscal Year 2026-2027	1,250,000	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		

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.



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FKCS receives limited federal support through the U.S. Department of Health and Human Services Transitional Living Program grant; however, these funds are fully allocated to ongoing program operations and cannot be used for property acquisition. No other funding source is available that could replace the requested state support, making this appropriation essential for project success.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

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)?

No

c. What is the estimated start date of construction?

07/01/2026

d. What is the estimated completion date of construction?

06/30/2027

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

Ongoing operations and maintenance will be supported through FKCS's secured federal Transitional Living Program grant, existing state contracts, and unrestricted agency funds. FKCS has successfully managed federally and state-funded residential programs for over 20 years and maintains sufficient unrestricted reserves to ensure long-term sustainability of the property and program.

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.

Florida Keys Children's Shelter Inc.

12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	100% of funds will be used for the purchase of an existing residential property to establish a Transitional Living Program in the Upper Keys. No funds will be used for operations, salaries, or administrative expenses.	1,000,000



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Total State Funds Requested (must equal total from question #6)

1,000,000

13. Program Performance

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

The requested funds will allow FKCS to purchase an existing home in the Upper Keys to establish a new Transitional Living Program for older youth experiencing homelessness or family instability. This program will provide safe housing, life skills training, education, employment support, and counseling to help youth achieve stability, independence, and long-term self-sufficiency.

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

The project will provide safe, supervised housing, life skills training, educational support, employment readiness, and case management to help youth ages 16–22 achieve stability, self-sufficiency, and long-term success through FKCS's proven Transitional Living Program model.

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

The funding will enable FKCS to offer transitional housing and individualized support services to youth experiencing homelessness or family instability. Residents will receive guidance in education, employment, budgeting, and daily living skills, fostering independence and reducing long-term reliance on public systems.

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

The target population is youth ages 16–22 experiencing homelessness, family conflict, or housing instability. The program will primarily serve youth from Monroe and Miami-Dade Counties but will also screen and accept referrals from across the State of Florida. FKCS expects to provide outreach and screening services to over 50 youth each year and offer housing and case management to 10 residents annually through the Transitional Living Program, supported by guaranteed federal funding.

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

The project will increase safe and stable housing for youth ages 16–22 while improving education, employment, and life skills outcomes. Success will be measured by the percentage of youth who secure stable housing (target 75%), enroll in school or job training (75%), and gain employment or income (75%) as tracked through case records, verification documents, and follow-up assessments.

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 standard penalties, the agency may consider withholding future payments or reducing award amounts for noncompliance. FKCS agrees to corrective action plans and enhanced monitoring if any deliverables or performance measures are not met.

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?



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- ☐ 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
- ☐ 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



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☐ 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

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