

LFIR # 1232

1.	Project Title	The Nancy C. De	etert Residential Co	mmunity Phase 4&5		
2.	Senate Sponsor	Joe Gruters				
3.	Date of Request	11/21/2025				
4.	Project/Program De	escription				
	less). These villas ar Community is a one community is to crea workforce and familio individuals with Intell have the feeling of s	re 2-bedroom 2 bath of a kind community ate a purposefully but es not designated a lectual and Develop tability and the ability	n homes built in dup y not only in the Sta uilt integrated comm s I/DD, and up to 40 mental Disabilities. ty to develop finance	ne building of 38 afford lex style. The Senato ate of Florida, but also aunity by providing at 0% of the homes will be This obtaining of thei ial security. Phase 2 (aluled to be open by A	r Nancy C. Detert in the country. The least 60% of the hope available to progression and the progression of the progression of the progression.	e goal of this omes to support the vide housing for ow that person to
5.	State Agency to red	ceive requested fui	nds Agency fo	or Persons with Disab	ilities	
	State Agency conta	cted? No				
6. /	Amount of the Nonr	recurring Request	for Fiscal Year 202	26-2027		
	Type of Funding			Amou	unt	
	Operating				0	
	Fixed Capital Outlay	•			4,000,000	
	Total State Funds F	Requested			4,000,000	
7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)						
7.	Total Project Cost fo	or Fiscal Year 2026	6-2027 (including r	matching funds avai	lable for this proj	ect)
7.	Total Project Cost for	or Fiscal Year 2026	6-2027 (including r	matching funds avai	lable for this proj	ect)
7.	•			-		ect)
7.	Type of Funding			Amount	Percentage	ect)
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	Type of Funding Total State Funds Ro	equested (from que	stion #6)	Amount 4,000,000	Percentage 88%	,
	Type of Funding Total State Funds Romatching Funds Federal State (excluding the Local	equested (from que	stion #6)	Amount 4,000,000 0 0 0	Percentage 88% 0% 0% 0%	,
	Type of Funding Total State Funds Ro Matching Funds Federal State (excluding the	equested (from que	stion #6)	Amount 4,000,000 0 0	Percentage 88% 0% 0%	,
	Type of Funding Total State Funds Romatching Funds Federal State (excluding the Local	equested (from quested amount of this requ	stion #6)	Amount 4,000,000 0 0 0	Percentage 88% 0% 0% 0%	•
8.	Type of Funding Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs Has this project press, provide the research content of the re	equested (from questamount of this requested for Fiscal Year 20 eviously received smost recent instan	est) 26-2027 state funding? ce:	Amount 4,000,000 0 0 560,000 4,560,000 Yes	Percentage 88% 0% 0% 0% 12% 100%	•
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the I	equested (from quested amount of this requested for Fiscal Year 20 eviously received smost recent instan	est) 26-2027 state funding? ce:	Amount 4,000,000 0 0 560,000 4,560,000 Yes	Percentage 88% 0% 0% 0% 12%	•
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the re (yyyy-yy)	equested (from quested amount of this requested Services of the services of th	est) 26-2027 state funding? ce: bunt Nonrecurring	Amount 4,000,000 0 0 560,000 4,560,000 Yes Specific Appropriation #	Percentage 88% 0% 0% 0% 12% 100%	•
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the I	equested (from quested amount of this requested for Fiscal Year 20 eviously received smost recent instan	est) 26-2027 state funding? ce:	Amount 4,000,000 0 0 560,000 4,560,000 Yes	Percentage 88% 0% 0% 0% 12% 100%	•
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the re (yyyy-yy)	amount of this requested (from quested (from quested amount of this requested seriously received seriously received seriously received seriously received amost recent instan	stion #6) 26-2027 state funding? ce: unt Nonrecurring 1,200,000	Amount 4,000,000 0 0 560,000 4,560,000 Yes Specific Appropriation #	Percentage 88% 0% 0% 0% 12% 100%	•
9.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the I Fiscal Year (yyyy-yy) 2025-26	amount of this requested (from quested amount of this requested for Fiscal Year 20 eviously received smost recent instan Amore Recurring 0	stion #6) 26-2027 state funding? ce: unt Nonrecurring 1,200,000 uested?	Amount 4,000,000 0 0 560,000 4,560,000 Yes Specific Appropriation # 243B	Percentage 88% 0% 0% 0% 12% 100%	•
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the re (yyyy-yy) 2025-26 Is future-year funding the results of the	amount of this requested (from quested amount of this requested for Fiscal Year 20 eviously received semost recent instan Amo Recurring 0	stion #6) 26-2027 state funding? ce: Nonrecurring 1,200,000 uested? nt per year.	Amount 4,000,000 0 0 560,000 4,560,000 Yes Specific Appropriation # 243B	Percentage 88% 0% 0% 0% 12% 100%	•



10. Status of Construction

The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

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Complete questions 10 and 11 for Fixed Capital Outlay Projects

a. What is the current phase of the project?						
Planning	O Design	Construction	N/A			
b. Is the project "	'shovel ready" (i.e permitted)?	Yes			
c. What is the est	timated start da	te of construction?	10/1/2026			
d. What is the estimated completion date of construction? 12/31/2028						
e. What funding	stream will be u	sed for ongoing operation	ons and maintenance of	the project?		
Rental revenue will provide all funding needed to maintain the operations and maintenance of the project.						
		receive, directly or indicate of the facility and the	irectly, any fixed capital entity.	outlay funding. Incl	ude the	

The Loveland Center Inc. Non-profit serving children and adults with Developmental Disabilities

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	or Renovation:			
Construction/Renovation/Land/ Planning Engineering	Construction cost - (\$400,000) per building - \$4,000,000	4,000,000		
Total State Funds Requested (must equal total from question #6) 4,000,000				

13. Program Performance

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

The completion of the remaining 20 affordable (60% AMI) homes will be built in a duplex style. At least 60% of the homes built will be rented to the workforce/family community of Sarasota County and up to 40% will be set aside to provide affordable housing options to individuals with Intellectual and developmental disabilities.

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



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Construction of the Affordable homes. Loveland plans to build 3-5 duplexes (6-10 homes) annually as funds become available for the completion of each home.

The community will be monitored by an HOA that will take care of the upkeep of the exterior of the entire community. Loveland Living inc. will offer on site case management and recreation, transportation services to the individuals with I/DD to ensure that each persons desires they will become integrated into the surrounding community and will be provided services that meet their needs.

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

Loveland will provide homes to the workforce, families, and individuals with IDD who fall into the category of 60% of AMI or below. Today the average rental price for a 2 bedroom apartment is \$2,300 per month, making housing almost unattainable for many working families and individuals with disabilities. These homes will rent for the identified annual FHFC rates (2025 rates are \$1,000 - \$1,300 per home).

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

The target population for this project is supporting Workforce families, and individuals with Intellectual disabilities that meet the criteria of 60% of AMI or less.

Loveland currently has a waitlist of 270 individuals with intellectual and developmental disabilities looking for affordable housing options. Phase 4&5 of the affordable housing project will have 40 bedrooms, with the expected number of people with I/DD to be 16 and workforce families of 30 (avg 2.5 people per unit). For a total number of people supported of 46.

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
- 1.) Reduction of families who meet the 60% of AMI in need of permanent stable housing. Methodology Annual redetermination of financial qualifications.
- 2.) Reduction in the need of affordable housing for persons identified with an intellectual and developmental disability. Annual redetermination of financial qualifications and diagnosis.
- 3.) Integrated housing community supporting individuals with intellectual and developmental disabilities. Methodology Annual review of the demographics of the residential community to ensure that the proposed demographics are met.
- 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?

Loveland will not be able to continue to access the requested funding for the continued development of the Nancy

De	etert Residential Community Phase 4 & 5.
4. Is 1	this project related to mitigation, response, or recovery from a natural disaster? No
a. If	f 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 infastructure)
_	recovery (assisting communities return to normal operations, including resulting damaged imastructure)
	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
b. N	
b. N 5. Ha	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
b. N □ I5. Ha	Name of the natural disaster (or Executive Order # for events not under a federal declaration): as the entity applied for or received federal assistance for this project?



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☐ No, but intends to	o apply				
a. If yes, provide th	e FEMA pr	oject workshe	et ID#:		
b. Provide the total	project co	st listed on the	e FEMA proj	ect worksheet:	
16. Has the entity app	lied for or	received state	assistance f	for this project (other tha	n this request)?
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends to	o apply				
a. If yes, specify the Commerce):	e program	and state ager	ncy (ex. Loca	al Government Emergenc	y Bridge Loan, Department of
17. Requester Contact	t Informatic	n .			
a. First Name	Patrick	/II	Last Name	Guerin	
b. Organization	The Lovela	and Center Inc			
c. E-mail Address	pguerin@I	ovelandcenter.	org		
d. Phone Number	(941)493-0	0016	Ext.	302	
18. Recipient Contact	Information	n			
a. Organization	The Lovela	and Center Inc.			
b. Municipality and	d County	Sarasota			
c. Organization Ty	ре				
□For Profit Entity					
☑Non Profit 501(d	c)(3)				
□Non Profit 501(d	c)(4)				
□Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Patrick		Last Name	Guerin	



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e. E-mail Address	pguerin@lovelandcenter.org				
f. Phone Number	(941)493-0016	Ext.			
19. Lobbyist Contact I	19. Lobbyist Contact Information				
a. Name	Robert E. Hawken				
b. Firm Name	Floridian Partners LLC				
c. E-mail Address	hawk@leathfl.com				
d. Phone Number	(850)509-5900				

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