



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1732

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Miracle Place Pasco provides housing and support services to 100 families annually experiencing homelessness in Pasco County. Services are designed to strengthen families using a two generation approach, providing a pathway towards self-sufficiency for both adults and children. Families have access to housing, 3 nutritious meals a day, and an array of support services which help adults increase income and sustain housing, including case management, adult education/training, childcare/out-of-school time and tutoring (0-18), employment, housing placement, health/wellness, and counseling. 18 months after exiting, 92% of families remain housed.

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	750,000
Fixed Capital Outlay	0
Total State Funds Requested	750,000

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)	750,000	52%
Matching Funds		
Federal	51,000	4%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	641,676	44%
Total Project Costs for Fiscal Year 2026-2027	1,442,676	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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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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

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.

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	Salaries will be used for staff who provide case management, residential support, housing and adult education services. Benefits at 20% of salaries.	750,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		750,000

13. Program Performance

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

The requested funding will allow 100 homeless families access to safe shelter and wrap-around support services. Miracle Place Pasco participants have access to a "one-stop shop", which includes 48 Shelter units, food, a 10,000 square foot Childcare Center (ages 0-18) and support services, which include Case Management, Employment, Adult Education, Housing Placement, Counseling, and Health Access. 80% of families will exit to permanent housing and 75% will increase income.



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

Families living in Miracle Place Pasco receive housing (on average 3-6 months), access to 3 meals a day, daily living resources (hygiene or cleaning supplies), and an array of support services, including case management, adult education/training, employment, housing placement, budgeting, health/wellness, counseling, and childcare or out-of-school time care.

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

Services are designed to provide citizens experiencing homelessness a pathway to self-sufficiency and housing stability. Each household develops an individualized case management plan designed to address barriers towards self-sufficiency. Adult education and employment resources assist adults in increasing income and maintain employment, supported by resources such as counseling and childcare.

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 homeless and at-risk of homeless households living in Pasco County. Approximately 100 families are expected to be served annually consisting of 110 adults and 250 children.

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

100 households experiencing homelessness will have access to shelter with case management and wrap-around support services. 80% of households will exit to permanent housing. 75% of households will exit with increased income. Pre and post assessment will be completed for housing and income and documented in the Homeless Management Information System (HMIS).

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?

Reversion of 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#:



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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

☐ 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



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b. Firm Name	<input type="text" value="The Southern Group"/>
c. E-mail Address	<input type="text" value="ridley@thesouthernngroup.com"/>
d. Phone Number	<input type="text" value="(850)671-4401"/>

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