



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1965

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project will deliver 18 affordable housing units in Belle Glade, an under served community with limited housing options and high socioeconomic need. By pairing housing with up skilling and credentialed training, residents will gain access to living-wage careers, fostering financial stability and personal wealth. This holistic approach strengthens families, reduces poverty, and expands Palm Beach County's tax base, driving long-term economic growth and community revitalization.

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	500,000
<b>Total State Funds Requested</b>	<b>500,000</b>

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)	500,000	21%
<b>Matching Funds</b>		
Federal	1,615,000	67%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	300,000	12%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>2,415,000</b>	<b>100%</b>

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.

**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?

1/01/2025

##### d. What is the estimated completion date of construction?

05/30/2026

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

Local and nonprofit funding.

#### 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.

Gulfstream Goodwill Industries.

#### 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	Final funding for a project supported with CDBG COVID funding. Unanticipated asbestos remediation created a need for additional funding of plumbing, electrical, HVAC and finishes.	500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

#### 13. Program Performance

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

Complete additional affordable housing units to increase the inventory of units in Belle Glade. Once completed and the units are occupied, providing supportive services, and educational and training opportunities to a low income community. It will increase personal wealth, generational wealth and lead to an increase in Florida's GDP and tax revenue.

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



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

This funding request will increase affordable housing units for the citizens of Belle Glade, Florida. This region is in dire need of affordable units.

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

25-50 individuals will be served initially by these units. The target population is economically disadvantaged persons, the elderly, those who are unemployed or struggle to find affordable housing options in the area.

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

Through the provision of affordable housing and connection of residents to support services for education, job readiness training, employment opportunities, and workforce training the project will improve economic self-sufficiency, increase economic activity, and improve the mental health of residents.

**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?**

Non-payment of invoices until milestones achieved; implementing of corrective action plan if applicable.

**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)?**



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



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

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