



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 2022

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Palm Beach County is requesting \$1 million in State funds to convert an existing facility into two critical programs: an 8-bed Youth Shelter and an 8-bed Medical Respite Shelter. The Youth Shelter will serve unaccompanied youth and young adults (ages 18–24) experiencing homelessness who are at high risk of exploitation, unsafe housing, or chronic homelessness. It will provide safe, short-term housing (up to 90 days), 24/7 supervision, case management, counseling, educational/vocational supports, and discharge planning toward reunification or stable housing. The Medical Respite Shelter will serve homeless individuals discharged from hospitals or identified by outreach teams who are too medically fragile for unsheltered living or congregate shelters. Both projects include capital improvements such as youth-appropriate residential space, fire system upgrades, and phased renovations to ensure long-term community impact.

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	50%
Matching Funds		
Federal	1,000,000	50%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	2,000,000	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		

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)?

No

c. What is the estimated start date of construction?

7/1/2026

d. What is the estimated completion date of construction?

09/01/2027

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

Ad valorem funds are regularly budgeted for the upkeep and maintenance of County facilities. A combination of ad valorem and federal funds are utilized for operations (services and programs) of County emergency and transitional housing facilities.

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.

Palm Beach County is the recipient and intended facility owner.

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	Design, permitting, and construction of capital improvements to convert an existing facility into an 8-bed youth shelter serving Palm Beach County's homeless and unstably housed youth (ages 16-24) and an 8-bed medical respite shelter for individuals experiencing homelessness who are medically fragile and unable to safely recover on the streets or in congregate shelters.	1,000,000
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?



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Unsheltered residents and medically fragile individuals have been identified as strategic priorities by the Palm Beach County Board of County Commissioners. By creating dedicated shelter capacity, the County will prevent youth homelessness from becoming chronic by providing immediate safe shelter, reduce risks of trafficking and unsafe living situations faced by unaccompanied youth, and provide medical respite beds for individuals discharged from hospitals or identified by outreach teams who are too fragile to return to the streets. The facility will remain under County ownership, ensuring a permanent and sustainable resource for youth and medically vulnerable individuals in crisis.

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

The activities and services provided to meet the intended purpose of these funds include 24/7 supervision and a supportive environment to ensure safety and stability for youth and medically fragile individuals. Case management and individualized service planning will address housing, education, employment, and health needs, while counseling and crisis intervention will support mental and emotional well-being. Youth will have access to linkages with education, vocational training, and employment opportunities, along with discharge planning that facilitates family reunification when appropriate or transition to longer-term housing. The medical respite component will provide safe recovery space, basic nursing support, medication monitoring, and coordination with hospitals and healthcare providers to ensure stabilization before moving clients into permanent housing or supportive programs.

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

The youth shelter delivered through this project will not only provide safe, stable housing for at-risk youth in Palm Beach County, but will also connect residents to a full range of wrap-around services designed to promote long-term stability. These include case management, educational support, life skills training, mental and behavioral health counseling, access to healthcare, mentoring, and linkage to employment and vocational opportunities, with the goal of equipping youth to transition successfully into independence and economic self-sufficiency. The medical respite component will provide safe, short-term housing for individuals experiencing homelessness who are medically fragile and unable to recover on the streets or in congregate shelters. Services will include 24/7 supervision, basic nursing support, medication monitoring, and coordinated care with hospitals and healthcare providers to promote recovery and ensure appropriate discharge to stable housing or services.

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

The project will serve at-risk youth and young adults, ages 18–24, who are experiencing homelessness, unsafe housing, or other crisis situations that place them at high risk of exploitation, victimization, or chronic homelessness, as well as medically fragile individuals experiencing homelessness who are discharged from hospitals or identified by outreach teams and unable to safely recover on the streets or in congregate shelters. The facility will include 8 youth shelter beds, with each youth staying up to 90 days, and 8 medical respite beds. Based on turnover, the youth shelter is expected to serve approximately 30–32 unduplicated youth annually, while the medical respite component will serve an estimated similar number of medically fragile adults, ensuring safe recovery and transition to stable housing or services.

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

The 8-bed youth shelter will provide at-risk youth in Palm Beach County with safe, stable housing and access to comprehensive supportive services. By offering short-term shelter and structured support, the project aims to prevent youth homelessness from becoming chronic, improve stability through education, employment, and housing resources, and reduce the risk of victimization associated with unsafe living situations, including street or couch-surfing environments. In addition, the 8-bed medical respite shelter will provide safe recovery space for medically fragile individuals experiencing homelessness who are discharged from hospitals or identified by outreach teams. Services include 24/7 supervision, basic nursing support, medication monitoring, and coordinated care to stabilize clients and transition them safely to permanent housing or supportive programs.

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?

Funds for deliverables not met will be returned to the state.

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

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



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- ☐ 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
- ☐ 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



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