



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1552

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This program assist households in Miami-Dade County in danger of becoming homeless with eviction prevention services including rental assistance and legal representation during eviction proceedings through partnerships with nonprofit agencies.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

| Type of Funding | Amount |
|------------------------------------|------------------|
| Operations | 2,500,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 2,500,000 |

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|------------------|-------------|
| Total State Funds Requested (from question #6) | 2,500,000 | 35% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 4,741,000 | 65% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2024-2025 | 7,241,000 | 100% |

8. Has this project previously received state funding? No

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| | | | | |

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

If yes, indicate the amount of funds received and what the funds were used for.



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Miami-Dade County received \$2,608,188,975.73 to provide financial aid to, among others, small businesses, veterans, senior meals, restaurants, hotel workers, first responders, landlords, low-income tenants, nonprofits, and day care centers; county services and also direct distributions to Miami-Dade.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

13. 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: Other | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | Direct assistance to the households to prevent evictions. | 2,250,000 |
| Consultants/Contracted Services/Study | Contractor to perform the program operations. | 250,000 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 2,500,000 |

14. Program Performance

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

The funding would leverage existing resources (i.e. Miami-Dade County American Rescue Plan funds and the Miami-Dade County Emergency Rental Assistance Program) to continue to provide eviction prevention services to households in danger of becoming homeless including rental assistance and legal representation during eviction proceedings through partnerships with nonprofit agencies.

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



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-Rental assistance needs assessment
 -Advocacy services
 -Referral to and coordination with legal services
 -Liaison with the Miami-Dade County Clerk of Courts

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

-Advocacy services
 -Referral to and coordination with legal services
 -Liaison with the Miami-Dade County Clerk of Courts

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

Economically disadvantaged persons, elderly persons, persons with poor mental health, persons with poor physical health, jobless persons, developmentally disabled, physically disabled, preschool students, grade school students, and high school students.

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

Approximately 800 households will be assessed for assistance. Those who qualify will receive legal assistance to prevent eviction and/or rental assistance as applicable.

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 the contract?

Failure to meet deliverables will result in nonpayment.

15. Requester Contact Information

a. First Name Last Name
 b. Organization
 c. E-mail Address
 d. Phone Number Ext.

16. 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



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e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number