



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3008

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

This project will improve the condition of 90 efficiency/one-bathroom units and 90 one bedroom/one bath units located at 6800 Park Street South Pasadena, FL. These units are made available to low- and moderate-income adults and disabled adults. The complex was constructed in 1970 and exhibits signs of age-related deterioration and deferred maintenance. A critical needs assessment performed by GLE Associates of Tampa has identified immediate, critical and deferred maintenance issues with respect to the roof, accessibility compliance, stormwater drainage, electrical and fire protection systems, HVAC systems, unit floor coverings and windows. Repairs to the roof and improvements to the HVAC system will have immediate health impacts by improving the quality of air breathed by residents. Upgrading windows and moving utilities underground will improve storm resiliency, public safety and protection of human life during catastrophic weather events.

5. State Agency to receive requested funds
- State Agency contacted?

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,787,500
Total State Funds Requested	1,787,500

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)	1,787,500	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,787,500	50%
Total Project Costs for Fiscal Year 2024-2025	3,575,000	100%

8. Has this project previously received state funding?

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

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

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

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.

Lutheran Pasadena Housing Inc owns the facility. It is a non-profit 501 (c) (3) corporation, organized under the laws of the state of Florida, whose specific purpose is to provide senior citizens safe, affordable rental housing and facilities and provide services to meet their physical, social and psychological needs, and contribute to their health, security, happiness and quality of life.

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		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Immediate repairs to the roof; critical repairs to fire safety, electrical and hvac systems; repairs to insure interior and exterior accessibility /ada compliance. Repairs to enhance storm resiliency including stormwater drainage and code compliant windows.	1,787,500
Total State Funds Requested (must equal total from question #6)		1,787,500



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14. Program Performance

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

The goal is to continue to provide safe, affordable rental housing for low and moderate income senior citizens and disabled adults.

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

Immediate Repairs, Critical Repairs to Ensure Accessibility/ADA Compliance
Deferred Maintenance/Improvements to Storm Resiliency, Upgrades to drainage, electrical, put electrical underground, HVAC.

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

The project will address deferred maintenance issues and needed improvements to enhance hurricane storm resiliency.

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

Senior Citizens 62 years of age and older and disabled adults.

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

To sustain the present existing stock of affordable housing for low and moderate income seniors and disabled adults. The maintenance of this existing housing stock is consistent with the recognized need as set forth in The Advantage Pinellas Housing Compact for even more housing choices for people at all income levels, especially affordable housing for low and moderate income seniors and disabled adult

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?

Funding will revert back to the State.

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



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University or College

Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number