

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

CARES One Stop Senior Center Dade City

LFIR # 3168

2. Senate Sponsor	Danny Burgess						
3. Date of Request	03/16/2023						
4. Project/Program D	escrintion						
	· ·	n & Dotiromor	ot Sorv	icos Inc	dha CADES	Cons Stan Sania	or Contor in Dada City
East Pasco County	in Florida.	a Rememer	il Serv	ices, inc.	uba CARE	5 One Stop Senio	or Center in Dade City -
limited to Dade City	, San Antonio, St. Le for frail and vulnerab their caregivers and sist these individual	eo, Trilby, Lad le seniors an families of Ea s with in-hom	cooche d their ast Pas ie and	, Zephyrh families a sco will be communi	nills, etc. CA at this cente e enriched b	RES anticipates t r. A safe environn y the existence of	County to include but not to promote quality of life ment where the lives of f a One Stop Senior endently in their
5. State Agency to re-	ceive requested fu	nds De	partme	ent of Elde	er Affairs		
State Agency conta	-						
State Agency conta	acted? NO						
6. Amount of the Non	recurring Request	for Fiscal Ye	ear 202	23-2024			
Type of Funding					Amo	unt	
Operations						ı	0
Fixed Capital Outlay	/			642,927			
Total State Funds	Requested					642,92	7
7. Total Project Cost f	for Fiscal Year 2023	3-2024 (inclu	iding r	natching	funds avai	lable for this pro	oject)
Type of Funding				Amou	ınt	Percentage	
Total State Funds R	Requested (from que	stion #6)			642,927	30%	<u>%</u>
Matching Funds							
Federal					0	0%	<u>%</u>
State (excluding the	amount of this requ	iest)			1,250,000	58%	<u>%</u>
Local					256,400	129	
Other					0	09	<u>%</u>
Total Project Costs	s for Fiscal Year 20	23-2024			2,149,327	100%	/ o
8. Has this project pro	eviously received s	state funding	g?	Yes			
Fiscal Year	Amo	ount			ecific	Vetoed	
(уууу-уу)	Recurring	Nonrecuri	ring	Approp	riation #		
2021-22	0	1,25	50,000		1271	No	
9. Is future funding lil	kely to be requeste	ed?		No			
a. If yes, indicate n	onrecurring amou	nt per year.					
b. Describe the so	urce of funding tha	it can be use	ed in li	eu of sta	te funding.		_
Non Applicable							



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

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Yes			
If yes, indicate the amount of fu	nds received and what the	funds were used for.	
PPP Loan-COVID Funds \$552K t	o cover payroll.		
complete questions 11 a	nd 12 for Fixed Cap	ital Outlay Projects	
1. Status of Construction			
a. What is the current phase of t	he project?		
OPlanning Opesign	◆ Construction		
b. Is the project "shovel ready" ((i.e permitted)?	Yes	
c. What is the estimated start da	te of construction?	3/1/2023	
d. What is the estimated comple	tion date of construction?	3/31/2024	
Community Aging & Retirement Florida Non-profit organization - 9 12417 Clock Tower Parkway Hudson, FL 34667	Services, Inc. dba CARES 501c3		
3. Details on how the requested st	tate funds will be expended		
Spending Category		Description	Amount
Administrative Costs: Executive Director/Project Head Salary and Benefits			
Other Salary and Benefits			
Expense/Equipment/Travel/Supplies/ Other			
Consultants/Contracted Services/Study			
Operational Costs: Other			
Salary and Benefits			
Expense/Equipment/Travel/Supplies/ Other			
Consultants/Contracted Services/Study			
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering	Brand new construction for a Care, case management, ho amount requested is due to increases following COVID	a 6,000sf facility including an Adult Day ome health care, etc. The "additional" inflation and the labor and material cost 19, the lack of supplies and material and th delivery of materials and labor.	642,92
Total State Funds Requested (m	ust equal total from question	on #6)	642,92



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14. Program Performance

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

CARES has already started the construction of a 6,000sf One Stop Senior Center in the Dade City community in the East side of Pasco County. The purpose of this project is to promote quality of life and independence for frail and vulnerable seniors and their families.

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

A safe environment where the lives of seniors and their caregivers and families of East Pasco County will be enriched by the existence of a "One Stop Senior Center" geared to assist senior citizens, disabled adults and their families with a center where they can obtain information and resources to ease the daily troubles of securing much needed in-home and community care to prevent nursing home placement. At this facility our seniors and their families will enjoy activities and event to enhance their quality of life.

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

There will be a variety of services offered at this facility such as but not limited to: social activities, recreational events, wellness classes and seminars, computer learning, physical and mental health activities, Adult Day Care programs, community and family affairs to decrease loneliness and isolation. Disabled adults and senior citizens will benefit from direct care at the Adult Day Care center where they will enjoy a caring and stimulating environment that inspires positive feeling of dignity and confidence.

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

The targeted population for this project are disabled adults, seniors 60 years of age and up and 18+ for those young adults with a diagnosis of Dementia. CARES is currently serving 400+ frail seniors and their families who receive in-home and community care in the East side of Pasco County. CARES anticipates adding 200 new participants on an annual basis to the different programs and services offered by CARES through State, federal and local funded programs.

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

Improve the health and wellness for as many disabled adults, senior citizens and their families through early intervention of social services and resources to prevent institutional placement and assist these individuals with much needed community care and services. These individuals will benefit from services such as adult day care, mental and physical health to stimulate inclusion and participation in community and family affairs. Improve their quality of life through therapeutic and meaningful activities. Improve and increase socialization, dignity and self esteem. Decreased loneliness. Increase access to services and information. Decrease disabilities caused by inactivity and provide caregiver relief from the constant care-giving for those individuals suffering from dementia.

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?

Loss of funding.		
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1	5	Rea	wester	Contact	Inf	formation

a. First Name	JEMITH	Last Name	ROSA			
b. Organization	COMMUNITY AGING & RETIREMENT SERVICES, INC. DBA CARES					
c. E-mail Address	JROSA@CARESFL.ORG	i				
d. Phone Number	(727)378-6395	Ext.				

16. Recipient Contact Information

a. Organization COMMUNITUY AGING & RETIREMENT SERVICES, INC, DBA CARES



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b. Municipality and	County	Pasco						
c. Organization Type								
□For Profit Entity	□For Profit Entity							
☑Non Profit 501(c	☑Non Profit 501(c)(3)							
□Non Profit 501(c	□Non Profit 501(c)(4)							
□Local Entity	□Local Entity							
□University or Co	□University or College							
□Other (please sp	□Other (please specify)							
d. First Name	JEMITH		Last Name	ROSA				
e. E-mail Address	JROSA@	CARESFL.ORG						
f. Phone Number	(727)916-0053							
17. Lobbyist Contact Information								
a. Name	None							
b. Firm Name	None							
c. E-mail Address								
d. Phone Number								