



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3524

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Providing care-support to Holocaust survivors living in Jewish Family Services of Greater Orlando service area. To provide eldercare case management. inclusive of home care, mental health trauma care and supporting medical equipment. Over past 12 years a significant number of survivors have moved to Central Florida to live with children/grandchildren. JFS Orlando seeking help for 24 Jewish survivors who relocated to Orlando. Atlanta JFS program cannot service Orlando area.

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	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

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)	250,000	62%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	150,000	38%
Total Project Costs for Fiscal Year 2024-2025	400,000	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.

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.



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JFS did receive PPP monies \$165,000 on 5/5/20 forgiven on 8/8/22 (Supplement Employee Payroll). JFS did apply for a SBA loan in the amount of \$200,000 and later offered \$300,000 for total of \$500,000 (Used for Community Pantry Stock & Mental Health Counseling).

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	President, Assistant Director, Comptroller, Front Office Desk, Rabbi (comprises approximately 10% overall budget)	25,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Rabbi travel expenses	1,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Case Manager	65,700
Expense/Equipment/Travel/Supplies/Other	Laptop, cell phone, travel expense, supplies, facility/organizational usage overhead.	33,300
Consultants/Contracted Services/Study	Laptop, cell phone, travel expense, supplies, facility/organizational usage overhead	125,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

14. Program Performance

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

Providing care-support to Holocaust survivors living in Jewish Family Services of Greater Orlando service area. To provide eldercare case management. inclusive of home care, mental health trauma care and supporting medical equipment. Over past 12 years a significant number of survivors have moved to Central Florida to live with children/grandchildren. JFS Orlando seeking help for 24 Jewish survivors who relocated to Orlando. Atlanta JFS program cannot service Orlando area.



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

Hiring designated elder care professional/specialist specific to targeted population. Establishment of contact office to coordinate assistance services. JFS is an established multi-County family services center uniquely equipped to support services of transportation, home/health/visitation care, counseling and food assistance. Funding will go directly to services due to systems currently operating.

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

Establish a designated specialist Case Manager (elder care professional for targeted population) assistance point-of-contact. Funding for specific assistance; transportation, home health/visitation care, counseling, food assistance.

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

Holocaust Survivors; Elderly persons; persons with poor mental health; persons with poor physical health; jobless persons; economically disadvantaged persons; physically disabled.
25-30 served.

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

Improve physical health: The fact that the Holocaust Survivor's age and immobility makes it very difficult to advantage consistent medical care. The provision of mobile care services will greatly improve the likelihood of receiving physical/medical care. Improvement of overall health and well-being. Measurements of physical deficiencies being reduced or lessened. Improve mental health: Social interaction with direct contact has shown to have marketable improvements to mental health. Interactive stimulation and direct contact all contribute to well-being. Marketable reduction of instances of anxiety and feelings of isolation. Lowering of side effects attributable to lack of social interaction/contact...

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?

Return of funds for failure to meet deliverables.

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



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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