



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1038

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To add emergency center capability to the existing Senior Wing at the David Posnack Jewish Community Center in order to increase the number of vulnerable people served across Broward county in the event of a hurricane, emergency or other natural disaster. This enhancement will allow for the provision of shelter, food, shower, and bathroom facilities and first aid. This facility is already a daily site that serves more than 900 children and 1,000 adults and seniors weekly.

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	800,000
Total State Funds Requested	800,000

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)	800,000	51%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	775,000	49%
Total Project Costs for Fiscal Year 2024-2025	1,575,000	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.

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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We received two Payment Protection Program loans (\$940,700 and \$888,160) and two Employee Retention Credits (\$361,039.14 and \$203,973.24).

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)?

No

c. What is the estimated start date of construction?

01/01/2025

d. What is the estimated completion date of construction?

01/09/2025 - estimated work completed in 9 months

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.

Jewish Community Centers of South Broward, Inc. dba David Posnack Jewish Community Center

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	This funding will be applied to the equipment and materials needed to provide emergency center services. Equipment costs include a generator for \$275,000, hurricane proof impact windows and doors for \$100,000, upgrading bathrooms to include showers and handrails for \$150,000, installation of anti-slip flooring, handrails and ramps-\$50,000, commissary type kitchen \$225,000.	800,000
Total State Funds Requested (must equal total from question #6)		800,000

14. Program Performance

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



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

Funding will be used to provide a safe space during emergencies, and while open to people of any age and ability, the center will be specifically adapted for use by seniors and adults with developmental disabilities. The Center runs a daily program for adults with developmental disabilities and a daily program for seniors, with specially trained staff.

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

The center will offer shelter, food, and showering facilities as well as first aid support in the event of an emergency, hurricane, or other natural disaster. The center will also be able to serve as a base for regional organizations who can go out into the community and use the center as a hub. Upgrading the facility will allow vulnerable groups protection and support in an emergency.

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

The target population served by this project includes elderly persons, persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, developmentally disabled, physically disabled, preschool students, grade school students, high school students, and university/college students. This facility is already a daily site that serves more than 900 children and 1,000 adults and seniors weekly. With this funding, we expect to serve more than 1000 vulnerable seniors, adults, teens, and children from the Broward area.

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

Local area seniors, adults with developmental disabilities, and the general public, will have a safe space to shelter overnight in the case of an emergency or natural disaster, as the center will be adapted to provide shelter, food, and showering facilities, as well as access to first aid. Number of seniors, adults with developmental disabilities, and general members of the public served during an emergency or natural disaster. There will be space to serve more than 1000 vulnerable seniors, adults, teens, and children from the Broward area.

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?

Withdrawal and repayment of funds provided.

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



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- 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number