



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1494

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

**4. Project/Program Description**

AEDAP Seniors Health and Wellness is designed to serve seniors 55 and up in Miami Dade County particularly in South Dade.  
 The program has been created to target seniors who reside in Assisted Living Facilities who often find themselves dealing with depression.  
 The program is developed to be a safe space where the participants create their own support system through a support group platform.  
 AEDAP Seniors Health and Wellness includes an open session when group has the chance to speak freely about topic of their choice first, second program offers a structure where also professionals are also presenters on topics related to Mental Health. Wellness and Self-Esteem. AEDAP seniors health and wellness is unique has it also offers seniors field trip to selected artistic presentation that allows them to still be engaged in social affairs.

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	100,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>100,000</b>

**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)	100,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>100,000</b>	<b>100%</b>

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.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Thre program CEO is responsible to create curriculum. Maitain contract regulations with partnered assisted living facilities. Recruit program participants. Keep record of sessions, content, attendance, service delivery, evaluation and implementation	20,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Travel To Inlude Milleage Sunpass Parking and Gas	5,000
Consultants/Contracted Services/Study	AEDAP collaborates with professional partners who contribute to program as speaker on the specific sessions and presentations to the seniors	5,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Salary	25,000
Expense/Equipment/Travel/Supplies/Other	Travel	20,000
Consultants/Contracted Services/Study	Contracted Services	25,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>100,000</b>

14. Program Performance



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

For 17years Program has been operational with volunteers In-Kind, fundraising and sponsors. However, program is being measured as evidence-based and requires the funding to assure its sustainability and longevity.  
The funding will help to the operations and more effective execution of the services.

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

Activities include - Regular sessions on Mental Health, Self-Esteem , Resources and definitely filed trip to art shows.

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

Support group with professionals on topic related to mental health, resources and self-esteem

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

Men and Women 55 and Up  
So far program is established to retain 100 seniors

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

To become a pilot project for the state to assure and promote Seniors physical health but wellness  
Participants are encourage to complete a pre and post test  
The pre-test is given to all participants before the sessions and the post-test is to measure their participation satisfaction to the sessions

**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?**

Standard agency contract penalties are sufficient.

**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**