

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

LFIR # 1025

1.	Project Title	Developmental D		In-Place Individ	luals with	Intellectual and	
2. 3	Senate Sponsor	Ana Maria Rodriç	guez				
3.	Date of Request	01/25/2023					
4.	Project/Program D	escription					
	critically injured. The dedicated to meeting Sunrise Community people we serve an	g the needs of the prespectfully request	le and can be preeople we suppo s funding to instees have a safe	evented throug rt, which means all a permanen and secure she	h careful s making t, indepe liter to we	measures. As an o their health and sai ndently housed gen eather storms. By er	rganization, Sunrise is tety a top priority. erator to ensure the asuring power will stay
	-	ceive requested fu	nds Agend	cy for Persons v	with Disa	bilities	
	State Agency cont	-		,			
		recurring Request	tor Fiscai Year	2023-2024			ı
Г	Type of Funding				Amo	-	
	Operations					0	
	Fixed Capital Outlag				402,000		
Ľ	Total State Funds	Requested		402,000			
7. 1	Total Project Cost	for Fiscal Year 202	3-2024 (includir	ng matching fu	ınds ava	ilable for this proj	ect)
-	Type of Funding			Amount	1	Percentage	
		Requested (from que	stion #6)		402,000	80%	
	Matching Funds						
	Federal				0	0%	
	State (excluding the	amount of this requ	est)		0	0%	
	Local				0	0%	
	Other				100,000	20%	
	Total Project Cost	s for Fiscal Year 20	23-2024		502,000	100%	
8.	Has this project pr	eviously received s	state funding?	No			
		Α	unt	Speci		Vetoed	
	Fiscal Year	Amc			-4: #		
	Fiscal Year (уууу-уу)	Recurring	Nonrecurring	Appropri	ation #		
			Nonrecurring	Appropri	ation #		
9.	(уууу-уу)			No	ation #		
	(yyyy-yy) Is future funding li	Recurring	d?		ation #		
	(yyyy-yy) Is future funding li a. If yes, indicate r	Recurring kely to be requeste	d? nt per year.	No			
	(yyyy-yy) Is future funding li a. If yes, indicate r	Recurring kely to be requeste	d? nt per year.	No			



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γ	29	
	5.5	

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

Sunrise Community, Inc. as an entity total amount thru 2023 - \$3,032,256. Premium overtime, labor costs due to individual isolation, added wage increases, recruitment expenses, added taxes, and PPE expenses.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

1 .	1. Status	of	Con	stru	ction

a.	What	is	the	current	phase	of	the	project?	
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b. Is the project "shovel ready" (i.e permitted)?	No
c. What is the estimated start date of construction?	07/01/23
d. What is the estimated completion date of construction?	12/31/23

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.

Regional Properties, Inc. a 501(c)3 non-profit corporation, and related party to Sunrise Community, Inc., a 501(c)3 non-profit corporation is the owner of the facility. Sunrise Community, Inc. leases, manages, and maintains the property from Regional Properties, Inc. for the sole purpose of using the facility for individuals with intellectual and developmental disabilities.

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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Scope: Demo existing electrical and generator, prep and pour generator pad, trench, and install conduits, generator, catwalks, ATS & gear in main electrical room; install electric panels in kitchen and administrative office; install and connect feeder conductors, electrical room construction, install fire pump controller, fence, concrete slab and repavement, landscaping and general contractor's fees.	402,000
Total State Funds Requested (m	ust equal total from question #6)	402,000



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14. Program Performance

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

The generator will power an administrative office, Adult Day Training (ADT) program, and a fully equipped kitchen and dining room. Through this essential addition, Sunrise will serve approximately 120 people with disabilities and staff efficiently during a storm or natural disaster.

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

The installation of this much needed generator will ensure the safety of the people we serve, individuals with intellectual and developmental disabilities, allowing Sunrise to comply with the emergency rule that states the facility must remain at a comfortable, ambient temperature of 80 degrees or less for a period of 96 hours or more in the event of loss of electrical power.

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

The health and safety of the people we serve is critical. Many of our residents are non-ambulatory and medically fragile. During a power outage, medications that must be refrigerated may be compromised. Appliances such as freezers and refrigerators need to be kept running to maintain food products necessary to provide daily meals to the residents over a prolonged period of time (specifically those with strict dietary requirements).

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

Sunrise is one of the largest non-profit organizations in the State of Florida dedicated to serving people with intellectual and developmental disabilities (Autism, Cerebral Palsy, Down Syndrome, Muscular Dystrophy, etc.). Many of the people supported by Sunrise are non-ambulatory (unable to walk but may be mobile with the help of a wheelchair or other mobility devices) and medically fragile. Protecting our residents and staff (over 100 people) during a power outage or natural disaster will provide a sense of security that will mitigate high levels of anxiety and confusion for the people we serve.

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

The residents of Sunrise are people with intellectual and developmental disabilities who often have difficult times adjusting to drastic changes in their environments, such as moving to an emergency shelter alongside the general public. Allowing the people we serve to shelter in place in an environment they are comfortable and familiar with will help prevent anxiety and confusion of displacement. Medical and personnel staff monitoring of behaviors and anxiety levels during and following the shelter in place event.

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?

The funding would be returned to the state.	

15. Requester Contact	Information						
a. First Name	Zachary	Last Name	Wray				
b. Organization	Sunrise Community, Inc.						
c. E-mail Address	c. E-mail Address ZWray@SunriseGroup.org						
d. Phone Number	(305)273-3011	Ext.					
16. Recipient Contact	16. Recipient Contact Information						
a. Organization	a. Organization Sunrise Community, Inc.						
b. Municipality and	d County Broward						

c. Organization Type



17.

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□For Profit Entity					
☑Non Profit 501(c)(3)					
□Non Profit 501(c	e)(4)				
□Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Zachary	Last Name	Wray		
e. E-mail Address	ZWray@SunriseGroup.or	g			
f. Phone Number	(305)273-3011				
Lobbyist Contact Information					
a. Name Mary Kim McDougal					
b. Firm Name	GrayRobinson PA				
c. E-mail Address	kim.mcdougal@gray-robi	nson.com			
d. Phone Number	(850)577-9090				