



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 3124

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

In keeping with the nation's desire to enhance the quality of life for our senior residents, the Senior Program will support high quality, low-cost activities and nutrition for seniors. The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise and nutrition. This program will minimize service gaps for our senior population who may suffer from depression, anxiety, loneliness and other ailments that plague our elderly residents.

5. State Agency to receive requested funds

State Agency contacted?  No

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

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 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	100,000	67%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	50,000	33%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>150,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?  No

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?

Yes



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

The Town was awarded CARES Act funding and ARPA funding. The total amounts received was less than \$1 Million for both.

## 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

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	This portion of the budget will cover salary and benefits for staff member administering the Senior Citizen Program at the center. These costs will include Program Administrator, Recreational Program Aide and Transportation Driver.	94,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	The contractual services will include presenters, program instructors, and case management services.	6,000
<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

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

The goal is to minimize service gaps for our senior population who may suffer from depression, anxiety, loneliness and other ailments that plague our elderly residents.



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

The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise and nutrition. This program will minimize service gaps for our senior population who may suffer from depression, anxiety, loneliness and other ailments that plague our elderly residents.

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

Senior Program participants will have access to this safe and caring environment. The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise and nutrition.

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

Senior residents ages 60 years and older are the target population for this program. With the funding request, we expect to serve approximately 40-100 Seniors.

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

The Senior Program will support high quality, low-cost activities and nutrition for participants. This will be an opportunity for program participants to meet within a safe environment and have access to direct services. The benefit will be an enhanced quality of life for our seniors. This program will meet service delivery gaps for the participants.

**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 contract will have standard language that will include Liquidated Damages and conditions.

**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
- Other (please specify)



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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