

**LFIR # 1033** 

1. Project Title	Jewish Housing Council - Aviva	a Safe and Secure Campu	S	
2. Senate Sponsor	Joe Gruters			
3. Date of Request	1/23/2025			
4. Project/Program D	escription			
community engager our Holocaust Educational tools so will also be a communitraining provided at antisemitic acts of h sports courts, and a	cres of the Jewish Federation Sarament. Part of these funds will be ustation Center utilizing innovating term participants will have greater undiunity center for learning, training, of the Lodge will be for individuals a late. Additionally, funds will be use a youth campus open to all citizens	ed to build The Lodge, a kenology, a nationally reconstruction of the contract	puilding to house a lognized curriculum, awareness of the House our youth suraising awareness	earning environment for and immersive olocaust. The Lodge immer camp. The and reducing
•		artment of Commerce		
State Agency conta	acted? No			
6. Amount of the Non	recurring Request for Fiscal Yea	r 2025-2026		
Type of Funding		Amo	unt	
Operating			0	
Fixed Capital Outlag	У		992,530	
<b>Total State Funds</b>	Requested		992,530	
7 Total Project Cost	for Fiscal Year 2025-2026 (includ	ling matching funds avai	ilahle for this proje	act)
Type of Funding		Amount	Percentage	,
	Requested (from question #6)	992,530	56%	
Total Otale Lands I	tequested (from question #0)	332,330	3070	
Matching Funds				
Matching Funds Federal		0	0%	
Federal		290.000	0% 16%	
Federal	amount of this request)	290,000 0	0% 16% 0%	
Federal State (excluding the		290,000	16%	
Federal State (excluding the Local Other		290,000	16% 0%	
Federal State (excluding the Local Other Total Project Cost	e amount of this request)	290,000 0 500,000 <b>1,782,530</b>	16% 0% 28%	
Federal State (excluding the Local Other Total Project Cost	e amount of this request)  s for Fiscal Year 2025-2026  eviously received state funding most recent instance:  Amount	290,000 0 500,000 1,782,530 No	16% 0% 28%	
Federal State (excluding the Local Other Total Project Cost  8. Has this project pr If yes, provide the Fiscal Year	e amount of this request)  s for Fiscal Year 2025-2026  eviously received state funding most recent instance:	290,000 0 500,000 1,782,530 No	16% 0% 28% <b>100%</b>	
Federal State (excluding the Local Other Total Project Cost  8. Has this project pr If yes, provide the Fiscal Year (уууу-уу)	e amount of this request)  s for Fiscal Year 2025-2026  eviously received state funding most recent instance:  Amount	290,000 0 500,000 1,782,530 No	16% 0% 28% <b>100%</b>	
Federal State (excluding the Local Other Total Project Cost  8. Has this project pr If yes, provide the Fiscal Year (уууу-уу)  9. Is future-year fund	e amount of this request)  s for Fiscal Year 2025-2026  eviously received state funding most recent instance:  Amount  Recurring Nonrecurri  ing likely to be requested?	290,000 0 500,000 1,782,530 No Specific Appropriation #	16% 0% 28% <b>100%</b>	
Federal State (excluding the Local Other Total Project Cost:  8. Has this project pr If yes, provide the Fiscal Year (yyyy-yy)  9. Is future-year fund a. If yes, indicate r	e amount of this request)  s for Fiscal Year 2025-2026  eviously received state funding most recent instance:  Amount Recurring Nonrecurri  ing likely to be requested?  nonrecurring amount per year.	290,000 0 500,000 1,782,530 No Specific Appropriation #	16% 0% 28% 100% Vetoed	
Federal State (excluding the Local Other Total Project Cost  8. Has this project pr If yes, provide the Fiscal Year (yyyy-yy)  9. Is future-year fund a. If yes, indicate r	e amount of this request)  s for Fiscal Year 2025-2026  eviously received state funding most recent instance:  Amount  Recurring Nonrecurri  ing likely to be requested?	290,000 0 500,000 1,782,530 No Specific Appropriation #	16% 0% 28% 100% Vetoed	



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### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

10. Status of Construction			
a. What is the current phase of th	e project?		
Planning	Construction	N/A	
b. Is the project "shovel ready" (i.	e permitted)?	Yes	
c. What is the estimated start date	e of construction?	07/01/2025	
d. What is the estimated completi	on date of construction	on? 06/30/2026	
e. What funding stream will be us	ed for ongoing operat	tions and maintenance	of the project?
Operating, grants, private donors			
11. List the owners of the facility to relationship between the owners	receive, directly or inc s of the facility and the	directly, any fixed capit e entity.	tal outlay funding. Include the
Sarasota Manatee Jewish Housin	g Council Inc		

#### 12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	Perimeter safety fencing Entry and pedestrian gates Security cameras Outdoor sidewalk lighting Exterior Campus Lighting	992,530
Total State Funds Requested (n	nust equal total from question #6)	992,530

#### 13. Program Performance

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



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The goal would be to secure the 27-acre perimeter with a fence, entry gates, lights and security cameras on this high-risk campus. The campus has three entrances, all unsecure and the buildings have multiple entrances. The Kretzmer Center

b.	Provide the total project cost listed on the FEMA project worksheet:	1
a.	If yes, provide the FEMA project worksheet ID#:	
	No, but intends to apply	
	l No	
	Yes, Received	
	1 Yes, Applied	
	las the entity applied for or received federal assistance for this project?	
45.11		
b.	Name of the natural disaster (or Executive Order # for events not under a federal declaration	on):
	Recovery (assisting communities return to normal operations, including rebuilding damaged in	nfastructure)
	Response (addressing the immediate and short-term effects of a natural disaster)	
	Mitigation (reducing or eliminating potential loss of life or property)	
a.	If Yes, what phase best describes the project?	
14. Is	s this project related to mitigation, response, or recovery from a natural disaster? No	
	Unused funds will be returned to the state.	
	. What are the suggested penalties that the contracting agency may consider in addition to or failing to meet deliverables or performance measures provided for in the contract?	its standard penaities
ŗ	By providing gates, fencing, cameras and other safety features, our campus will be a more secure beople that live, work and visit. Therefore, leading to higher job satisfaction, preventing harm to reand guests, and allowing us to stop intruders and those looking to carry out hate crimes.	sidents, families, staff
	e. What is the expected benefit or outcome of this project? What is the methodology by white measured?	ich this outcome will
	Residents, Administrative staff, Nursing staff, aides, families, and community members who visit lewish holiday events and celebrations. Over 5,000 visitors who come to the campus annually.	the campus to attend
d	I. Who is the target population served by this project? How many individuals are expected	to be served?
	A safer community to live. A safer environment to host community gatherings. A secure workplac	е.
С	. What direct services will be provided to citizens by the appropriation project?	
	We will construct fencing, gates, install security cameras, and lighting in order to create a safe en	vironment.
b	b. What activities and services will be provided to meet the intended purpose of these fund	s?
l i	nside Kobernick House, would be a target of antisemitic hate crimes as it serves as the central logeligious services and cultural gatherings.	



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16. Has the entity app	lied for o	r received state	assistance f	or this projec	ct (other tha	n this request)?
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends to	o apply					
a. If yes, specify the Commerce):	e progran	າ and state ager	ncy (ex. Loca	al Governmen	nt Emergenc	y Bridge Loan, Department o
,						
17. Requester Contact		ion	], N	Manusina		]
a. First Name	Amy	f af tha	Last Name			]
b. Organization		f of the Jewish H		CII/AVIVa		
c. E-mail Address	, ,	guire@icloud.com	1 1			]
d. Phone Number	(727)656-8413		Ext.			
18. Recipient Contact	Information	on				
a. Organization	Jewish H	ousing Council				
b. Municipality and	l County	Sarasota				
c. Organization Ty	pe					
□For Profit Entity						
☑Non Profit 501(c	:)(3)					
□Non Profit 501(c	:)(4)					
□Local Entity						
□University or Co	☐University or College					
□Other (please sp	pecify)					
d. First Name	Jay		Last Name	Solomon		
e. E-mail Address	jsolomon@avivaseniorlife.org					
f. Phone Number	(941)377	-0781	Ext.			
19. Lobbyist Contact I	nformatio	n				
a. Name	Amy R. I	Maguire				
b. Firm Name	Delta 12	Consulting				
c. E-mail Address	amyrmaguire@icloud.com					



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d. Phone Number	(727)656-8413

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.