



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1090

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Sarasota Manatee Jewish Housing Council is a high-risk Jewish senior facility that cares for a vulnerable population. To provide a safe and secure campus for residents, staff families and visitors, we must install a fence to secure the campus perimeter as well as entry and pedestrian gates. To efficiently monitor the 27-acre campus and the three entrances, adding security cameras and exterior lighting in the parking areas and on the sidewalks that surround the resident buildings, will act as a deterrent to intruders.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	992,530
Total State Funds Requested	992,530

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	992,530	56%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	290,000	16%
Local	0	0%
Other	500,000	28%
Total Project Costs for Fiscal Year 2025-2026	1,782,530	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year 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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. 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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

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 Renovation:		
Construction/Renovation/Land/Planning Engineering	Perimeter safety fencing Entry and pedestrian gates Security cameras Outdoor sidewalk lighting Exterior Campus Lighting	839,350
Total State Funds Requested (must equal total from question #6)		839,350

13. Program Performance

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

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, inside Kobernick House, would be a target of antisemitic hate crimes as it serves as the central location for Jewish religious services and cultural gatherings.

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



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We will construct fencing, gates, install security cameras, and lighting in order to create a safe environment.

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

A safer community to live. A safer environment to host community gatherings. A secure workplace.

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

Residents, Administrative staff, Nursing staff, aides, families, and community members who visit the campus to attend Jewish holiday events and celebrations. Over 5,000 visitors who come to the campus annually.

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

By providing gates, fencing, cameras and other safety features, our campus will be a more secure site for the many people that live, work and visit. Therefore, leading to higher job satisfaction, preventing harm to residents, families, staff and guests, and allowing us to stop intruders and those looking to carry out hate crimes.

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 in the contract?

Unused funds will be returned to the state.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received



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- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number



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