



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1095

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This project will benefit the people we support with intellectual, physical, and developmental disabilities. The funds will be used to create a safe and efficient facility supporting meal production of 324 specialized meals, 50+ staff meals, and 216 snacks per day, supply storage, and diverse dietary needs. The project includes an industrial kitchen renovation, a multi-use event space for culinary education that will also encompass different cultural food customs and dining etiquette, healthy eating habits, a fitness and wellness area, & enhanced safety measures.

5. **State Agency to receive requested funds**

State Agency contacted? Yes

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

Type of Funding	Amount
Operating	117,633
Fixed Capital Outlay	1,353,777
Total State Funds Requested	1,471,410

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)	1,471,410	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,471,410	50%
Total Project Costs for Fiscal Year 2025-2026	2,942,820	100%

8. **Has this project previously received state funding?** No

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?** No

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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Complete questions 10 and 11 for Fixed Capital Outlay Projects

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)?

Yes

c. What is the estimated start date of construction?

02/01/2026

d. What is the estimated completion date of construction?

06/01/2026

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

Capital Budget

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.

Sunrise Community Inc., leases, manages, and maintains the property.

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	Project management, architect, engineering design, permits, and survey.	117,633
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Demolition of existing nearly 50 year-old kitchen to include all fixtures and appliances and construction and installation new cabinets and new counter tops and commercial kitchen with all high efficiency equipment. This includes a new stove, new refrigerator, dish washing equipment, and enhanced safety.	1,353,777
Total State Funds Requested (must equal total from question #6)		1,471,410

13. Program Performance

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



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

The project will allow culinary education that will also encompass different cultural food customs and dining etiquette, healthy eating habits, a fitness and wellness area, and enhanced safety measures.

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

This project will focus on a person-centered individualized approach to health and wellness that will benefit people with Intellectual, Physical and Development Disabilities. These services encompass specialized diet plans, meal preparation, health and wellness monitoring, and at least 2 weeks of emergency supplies and meals in case of a natural or man made disaster.

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

The project serves people with intellectual, physical and developmental disabilities, those with dietary restrictions (diabetes, cardiac, renal, gastrointestinal issues, allergies), and the staff supporting them. It directly benefits over 100+ individuals by providing therapeutic meals, snacks, and supplements. Within that number approximately 35 of our residents require feeding tube nutrition. This project will also provide nutritional services to the Eureka Day Program with daily meal and supply services along with on demand dietary support to other Sunrise Community homes across South Florida. Persons supported include elderly persons, persons with poor mental health,

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

The expected benefits of improved nutrition, increased opportunities for physical activity, education on health and wellness, culinary classes, education on good eating habits and enhanced safety measures include: Stable blood sugars and blood pressure, healthy resting heart rate, cholesterol levels and weight ranges, positive emotions, sense of purpose, connections to others, increased independence and community integration, and expanded cultural experiences through food.

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?

Funding may 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



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- 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
- 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)



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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

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