



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1131

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The program will expand services to TEDc's existing low-income senior residents. We will embark on a mission to redefine aging for our seniors by creating a community where every day is an opportunity for joy, learning, and meaningful connections. By incorporating elements inspired by the Blue Zones, we strive to address the physical, mental, and social dimensions of well-being, ensuring a comprehensive and enriching experience for our residents. Through weekly programs consisting of nutrition guidance, wellness activities, and community connections we will provide a well-rounded experience, catering to the physical, mental, and social dimensions of well-being for the senior residents.

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	400,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>400,000</b>

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)	400,000	83%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	80,000	17%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>480,000</b>	<b>100%</b>

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.



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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)?

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
<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</b>		
Salary and Benefits	Salary and benefits for a full-time Social Services Coordinator to oversee, implement and evaluate the social services programs.	100,000
Expense/Equipment/Travel/Supplies/Other	Gardening equipment to develop and maintain gardens, health and wellness equipment and tools, books, journals, transportation for off-site wellness activities, and giveaways.	150,000
Consultants/Contracted Services/Study	Contracted services for certified health coach, fitness instructors, wellness technicians, gardening expert and interactive cooking classes.	150,000
<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>400,000</b>

### 13. Program Performance

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



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At the heart of our initiative lies a commitment to a holistic approach to senior wellness. We recognize that longevity is not just a matter of adding years to life but adding life to years. By incorporating elements inspired by the Blue Zones, we strive to address the physical, mental, and social dimensions of well-being, ensuring a comprehensive and enriching experience for our participants. It's about savoring the simple joys, nurturing deep and meaningful connections, and finding purpose in everyday life.

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

Residents will be offered an array of services focused on extending the lifespan of seniors with improved health and satisfaction. Services will include, Health check-ups focused on improved health rates, lower cholesterol and diabetes ratings, Nutrition Guidance focusing on teaching a lifestyle that supports overall health. Holistic Wellness Activities to include exercise programs like yoga and tai chi, as well as mindfulness practices such as meditation and breathing exercises. These offerings will not only improve physical fitness but will also help reduce stress, improve sleep quality, and enhance overall mental health. Community Connections/Social interactions including group outings, social events, and volunteer opportunities. By fostering a sense of community and belonging, we aim to improve emotional well-being. Purposeful Living Activities to include, arts and crafts, intergenerational mentorship, and hobby groups that allow them to explore new interests.

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

Through weekly programs crafted to provide a well-rounded experience which resonate with their interests, participants will partake in:

- Personalized health and wellness check-ups
- Mindfulness Walks/Guided Meditation
- Tai Chi and Gentle Yoga Sessions
- Interactive Cooking Classes
- Learning Circles
- Social Connectivity Activities
- Volunteer Opportunities
- Artistic Expression Workshops
- Community Gardening

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

The targeted population are low to moderate income residents ages 55 and over.

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

Benefits:

- Improved physical health and mobility.
- Enhanced mental acuity and cognitive function.
- Strengthened social connections and a sense of belonging.
- Increased overall life satisfaction and happiness.

The measurement of the results will be captured by surveys with a gradation scale to measure improvements in health measures, increase in activities participation, as well as participant satisfaction.

**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?**

If we fail to meet our deliverables or performance measures, we should be given notice and the opportunity to come into compliance. Should we fail to address the concerns, funding should be withheld until a time that the project complies with the requirements. Failure to meet deliverables would cancel the contract and forfeiture of the remaining balance of unspent Appropriation.

14. Is this project related to mitigation, response, or recovery from a natural disaster?  No

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

Mitigation (reducing or eliminating potential loss of life or property)



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- 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
- 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**



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- 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

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