



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1136

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

Aging in Place with Grace, is a comprehensive senior services program designed to enable older adults to age in place by providing a broad safety net of essential services including home delivered meals, transportation, socialization, care management, home care, and connection to services provided by Rales JFS and the broader community.

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	494,100
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>494,100</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)	494,100	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	494,100	50%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>988,200</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		
2024-25	0	494,100	1046	No

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

10. Status of Construction



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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	Case Aide: \$55,620 and Care Management: \$46,655	102,275
Expense/Equipment/Travel/Supplies/Other	Transportation costs: \$128,291	128,291
Consultants/Contracted Services/Study	Home Care expenses: \$104,355 Recreation: \$90,014 Home Delivered meals: \$69,165	263,534
<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>494,100</b>

13. Program Performance

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

Approximately 440 senior citizens will be provided with a safety net of services that allow them to age in place and avoid nursing home placement. Services will include any or all of the following: dynamic and varied socialization activities, transportation, financial assistance, home care, and home-delivered meals, as well as wrap-around support.

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

Socialization activities, care management, home care, transportation, home-delivered meals, and wrap around services such as financial assistance and behavioral healthcare will be provided to approximately 440 senior citizens in Palm Beach County by Rales Jewish Family Services, in order to enable seniors to age in place independently and to their highest quality of life potential.



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

Comprehensive direct services and wrap-around services will include socialization activities, care management, home care, financial assistance, transportation, home-delivered meals, and/or behavioral health care. Rales JFS has over 40 years of experience providing these direct services to senior citizens. We have been recognized as the premier provider of aging services in Palm Beach County.

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

The target population of this project are approximately 440 senior citizens of Palm Beach County.

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

Approximately 440 senior citizens will age in place and avoid nursing home placement. We expect 85% will avoid being placed in nursing home care. Methodology: Data will be tracked and records kept on how many seniors from our program enter state-funded nursing home care. Surveys and evaluations will measure senior satisfaction with home-delivered meals, transportation, home care, socialization opportunities and more.

**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?**

Penalties for not meeting contracted deliverables may warrant decreased funding.

**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)
- 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



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- 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)

**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.*