



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1195

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project consists of \$1.4+ million in capital renovations at Jefferson Center in Sarasota, FL. These renovations will not only enhance the physical condition of the buildings, but they will also create a more modern, accessible, and energy-efficient environment for residents. From updating common areas and ensuring greater accessibility to residents with mobility challenges, to improving safety measures and upgrading the overall aesthetics, these improvements will greatly enhance the quality of life for those who call Jefferson Center home and future 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	0
Fixed Capital Outlay	170,000
<b>Total State Funds Requested</b>	<b>170,000</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)	170,000	12%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,254,000	88%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,424,000</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.

**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
<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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	These funds will assist with the following work: Chiller pipe rebuild, Rec Room AC, Removal of clay sewage lines , Roof drain line failure corrections, Insulation of chiller supply lines , New boiler, boiler room ventilation and doors, mech. room CO2 detector, 1st Floor & Rec Room Ceiling Replaced,Bicycle Rack concrete slab,Rec Room/Gym Refresh,Replace Lobby Furniture, new awnings and pergola.	170,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>170,000</b>

**13. Program Performance**

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

The specific purpose of the fund requested is to support capital renovations to secure the safety, health and satisfaction of older adults in need of low income housing. In addition, these renovations will ensure Jefferson Center remains a positive addition to its neighborhood by securing real estate values and discouraging criminal activity in the present, and a viable resource for future generations of older adults.

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



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The activities directly related to this request consist of construction, purchase and installation of safety and comfort upgrades. Indirectly, these improvements will assist our staff to meet the basic needs of residents and expectations of their families on daily basis, and allow them to go above and beyond in their responsibilities to provide the highest quality social and wellness activities.

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

Day to day work at Jefferson Center includes social work and chaplain activities that enhance the spiritual, mental and physical health of our residents. These renovations will create a safer, more comfortable living environment while enhancing the these basic services.

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

The target population would include low-income older adults ages 62 years and older. At any given time up to 150 seniors can live on the property.

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

The primary expected benefit of this project is the increased safety, health and satisfaction of our residents. Westminster will continue to self-survey its residents and strive for 85% satisfaction within 12 months of completion of the project.

**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 Westminster fails to meet and maintain its satisfaction goal of 80% for 36 months at communities previously awarded appropriations, we would suggest a ban from requesting future appropriations funding until satisfaction is met.

**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)?**



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- 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)

**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.*