



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1245

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Lighthouse Angels elderly services program caters to elderly individuals ages 55 and older who has low-to-moderate income within Miami-Dade County. Our program services consist of providing fitness and wellness training, healthy feeding program, recreational activities, development of social/mobility skills, and educating on healthy life skills needed for prevention of Alzheimer's and heart disease. Overall, our program is designed to ensure that each senior resident will no longer feel isolated, overlooked, and left behind.

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	75,000
Fixed Capital Outlay	0
Total State Funds Requested	75,000

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)	75,000	83%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	15,000	17%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	90,000	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.

We are not aware of other available funds.

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	Salaries, payroll taxes and benefits for the Chief Executive Officer allocated based upon direct involvement in the elderly service program, currently oversees the program and will spend 100% of their time hiring, supervising, program data, generating reports, program fiscal office duties, and many other responsibilities for the elderly services program.	7,500
Other Salary and Benefits	Salary, payroll taxes and benefits for Lighthouse Angels staff providing direct services and hours worked in the Elderly Service program. Effort is dedicated to supervision and assistance to elderly participants registered in the yearly senior program such as arts/crafts, social activities, food program, computer training and so much more.	18,500
Expense/Equipment/Travel/Supplies/Other	Supplies and mileage reimbursement for travel to support the Elderly service program. The expenses are allocated in proportion to the project needs for management and administration.	3,500
Consultants/Contracted Services/Study	Contracted services includes CPA services, payroll services, marketing professionals and those who monitor and support with administrative/ management services.	4,000
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Supplies for meals/beverages, recreational activities, office supplies, travel expenses for group social outings, elderly incentives/gifts, and any other expenses for the operation of the program.	35,500
Consultants/Contracted Services/Study	Contracted services includes services provided from food delivery driver, health and wellness professionals, fitness coach, and other contractors who provide services to help the elderly program. The expenses incurred by the local agencies include the cost for professional support staff who are monitoring and supporting the program operations	6,000
Fixed Capital Construction/Major Renovation:		



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Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		75,000

13. Program Performance

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

The purpose of our program is to educate health and wellness, enhance computer/phone technology and social skills, and restore independency back into the elderly community. Our overall goal is to improve their mental, physical, and emotional wellbeing by engaging them with daily living activities to build back self-esteem, peer socialization, practicing new healthy daily habits to promote longevity of life while building better communication skills which will reduce loneliness and memory loss.

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

The services and activities we are seeking to provide is senior food nutrition program, senior fitness and health, social activity such as bingo/game night, movie with dinner, and arts and crafts. The other services will be computer technology and phone trainings, health information sessions, group field trips, mental health/grief counseling and encouragement sessions, and volunteer opportunities

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

Direct services for the elderly that will be provided are nutritional services, social and recreational activities, health and wellness services, mental health support, technology training, and transportation services.

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

Elderly across the State of Florida often lack the skills, knowledge, and abilities to access necessary for tools needed to promote healthy life styles resulting in longevity of life. Regrettably, most seniors in our community lack the proper care or services needed to survive. Lighthouse Angels has three locations where we are privileged to provide services to the elderly population. All services are free to all residents who are low income and living in Miami Dade county. The program is expected to provide services for 50-100 residents where they are encouraged to register and participate yearly.

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

The benefits of this program is to improve their mental, physical, and emotional wellbeing by engaging them with daily living activities to build back self-esteem, peer socialization, practicing new healthy daily habits and to promote longevity of life. The methodology outcomes will be measured by surveys and questionnaires, attendance records, focus groups, performance metrics and comparative analysis.

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?

Financial penalties based on the severity and frequency of the failures which could be percentage of the contract value or fixed amount per infraction. Temporarily withhold portion of payments and requiring the contractor to develop and implement a performance improvement plan. Mandate the contractor to undergo additional training or capacity building activities.

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):



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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

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)



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- 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.