



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1348

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Renovations to create the NRCDE is an investment in a state-of-the-art facility that provides ground-breaking, evidence based, and scientifically proven methods of building a greater understanding of dementia. Reducing caregiver stress and increasing caregiver confidence will be achieved around the State of Florida. Virtual Dementia Tours will be offered. It will also feature an education center with capacity for 50 persons and a day care facility for 24 adults living with dementia.

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	375,000
Total State Funds Requested	375,000

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)	375,000	23%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,278,200	77%
Total Project Costs for Fiscal Year 2025-2026	1,653,200	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		
2024-25	0	375,000	2745	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



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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		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		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	This is a major renovation project to create a state-of-the-art facility to be used as the Nancy Renyhart Center for Dementia Education. The structure is being repurposed from a hospice home and will feature an education center for 50 persons and a day care facility for 24 adults living with dementia.	375,000
Total State Funds Requested (must equal total from question #6)		375,000

13. Program Performance

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

By 2030, it is projected that over 720,000 Florida residents will be diagnosed with dementia. Dementia is the top health priority in the State of Florida's 2022-2026 Health Improvement Plan. In support of this priority, the goal of these funds will be to create a hub for dementia education in the State, providing workshops on best practices of caregiving support, a ground-breaking virtual experience for people to feel the effects of living with dementia, and to spread awareness and compassion about the disease to 18 counties in Florida.

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



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Training opportunities for caregivers of dementia patients from 18 counties, and daycare for 24 adults with dementia five days a week. Anticipated providing direct service for 2,000 individuals through training as well as a minimum of 1,000 in other counties that caregivers participate in the training.

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

Training courses for caregivers of dementia patients, advertised locally and in the medical community of 18 counties where Empath Health has a presence. Adult day care opportunities will also be advertised through healthcare organizations, Ocala Metro Chamber & Economic Partnership, congregations, senior living communities and civic organizations.

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

Elderly -- 24 & a minimum of 1,000 in other counties through caregivers participating in the training
 Persons with poor behavioral health -- 24
 Persons with poor physical health -- 24
 Caregivers -- at least 2,000 & 300 community first-responders will be better equipped each year to encounter someone with dementia

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

Attendees of training will gain knowledge of signs of dementia. Attendees will have increased confidence on caregiver skills for patients. Caregiver well-being and confidence will lead to a reduction in other/alternative residency placement thereby reducing costs to Medicare and Medicaid. Measured by the ZARIT BURDEN pre and post survey analysis assessment of attendees three months after completing the training caregivers will demonstrate a decrease in stress/frustration levels because of the training, which will also lead to employment retention in the vital field.

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?

Funds will be returned to the State of Florida.

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#:



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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)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name



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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.