



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1396

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

**4. Project/Program Description**

Keralty Compassionate Communities (KCC) is dedicated to fostering stronger, healthier communities by empowering residents to take an active role in their health outcomes. KCC will implement a pilot program focused on cultivating "Compassionate Cities" in the 33030-zip code of Homestead, FL, to convene residents with local community health workers (CHW) to identify pressing health and social needs, share their experiences, and build a foundation for long-term, sustainable health improvements. This appropriation request will consist of asset identification, leadership development, needs assessment and resource connection that will allow KCC to greatly strengthen the resilience of residents in communities, like Homestead who are burdened with health challenges.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No

**6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	304,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>304,000</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)	304,000	74%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	105,000	26%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>409,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

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?**  No

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	N/A	0
Other Salary and Benefits	Other Funding: A percentage of salaries for personnel integral in project deliverables: The Project Director @55%=\$60,000, Communications Director @35%=\$30,000, Finance/Accounting/Admin Assistant@15%= 15,000	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
<b>Operational Costs</b>		
Salary and Benefits	A percentage of salary for a full-time Project Director @45%=\$55,000 to deliver services/programming, supervise and coordinate deliverables of Community Health Workers. Salaries and benefits for 3 full Community Health Workers (CHW) @ \$65,000 x3=\$195,000. CHWs will deliver services, convene with residents and organize community activities.	250,000
Expense/Equipment/Travel/Supplies/Other	Travel: \$4,000-Local transportation for staff to travel to events and meetings; Technology and Equipment: \$6,000-3 laptops for CHWs and software licenses, cell phone stipends for CHWs, a/v equipment rental; Supplies: \$10,000-Program delivery and community engagement activities; Marketing-\$4,000: Printed materials, social media ads, promotional merchandise; Fees for Facility Rentals: \$5,000	29,000
Consultants/Contracted Services/Study	Subject Matter Expert \$10,000 to conduct sessions and facilitate workshops/trainings, share expertise. Data Analyst \$15,000 monitor and analyze project data.	25,000
<b>Fixed Capital Construction/Major Renovation:</b>		



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Construction/Renovation/Land/ Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>304,000</b>

**13. Program Performance**

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

Keralty Compassionate Communities (KCC) will implement a pilot program focused on cultivating "Compassionate Cities" in the 33030-zip code of Homestead, FL, to encourage healthy communities and convene with local leaders and families to empower 600 residents and identify candidates to serve as Community Health Workers (CHW).

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

KCC will assess the self-agency and perceptions of a primarily Latino community and the unique challenges of residents seeking healthcare and tailor support to stimulate a sense of belonging and connectedness. KCC will employ CHWs from Homestead neighborhoods to collaborate with partners to identify pressing health and social needs and to create digital and physical spaces for residents. Initial assessments will be conducted through virtual and in-person focus groups and further feedback will be gathered by local Community Health Workers. KCC will employ Community Health Workers (CHWs) from the 33030 neighborhood to build trust, engage partners, and create opportunities for community members to share their values and define/enhance local assets.

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

KCC will conduct outreach, community events, in-person and digital town halls, focus groups, cultural celebrations, and wellness activities to address the community's mental and physical health and combat negative health determinants. Building on the insights gained from events, 3 local CHWs will serve residents as trusted liaisons to equip community members with tools to identify and access healthcare, social services and critical support systems. Services include conducting outreach, organizing events, and collecting data on residents' needs. Residents will receive information to navigate healthy lifestyles and tools to combat loneliness.

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

KCC will serve residents in the 33030-zip code of Homestead. In 33030, 68% of this area's population is Latino, comparatively lower than other Miami-Dade districts. Residents are described as living in rural and geographically isolated areas, have high rates of poverty, with a median household income of \$29,994 lower graduation rates and higher unemployment rates, food insecurity, limited access to affordable healthcare, and low community engagement, which contributes to negative physical and mental health outcomes. There is a loneliness epidemic impacting Florida's senior population, with residents struggling with anxiety and depression due to observed loneliness and social isolation. This program is expected to serve 600 individuals, with a focus on Latino adults.

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

This project's outcomes include improved health awareness, decreased social isolation/loneliness, enhanced community resilience, and strengthened partnerships. This program utilizes a methodology centered on empowering local residents to activate their assets and drive positive change. Keralty introduced its Compassionate Communities Model focused on the following steps: 1. We listen and work together as a community; 2. Identify problems together in the community; 3. Empower communities to care for themselves; 4. Bring solutions through our compassionate communities of care sustainable solutions. KCC prioritizes community voices through targeted interventions and support and building the capacity of local residents. Outcomes will be measured through resident and CHWs surveys, focus group results, number and types of community engagement activities, identification of new partnerships, and reports of decreases in loneliness.

**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?**

Performance measures are centered on engaging Community Health Workers. The failure to meet indicators may be based on additional environmental factors, outside the scope of the program. However, if KCC Community Health Workers fail to meet deliverables, the program would consider withholding funds until the criteria is met.

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



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**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
- 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**



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**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**

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