



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1405

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

The City of Deerfield Beach's N.E. Focal Point/Alzheimer's Day Care is a community-based service delivery center at the Braithwaite Center for Active Aging on the same Campus as the Bezos Academy Montessori Preschool. The Day Care Center provides in-facility respite, caregiver training and support for individuals and groups, and case management services for families who are caring for a loved one with Alzheimer's disease and other forms of dementia. The program purpose is to provide respite services for caregivers along with mentally and physically stimulating activities and programs for individuals with Alzheimer's disease.

Senior Transportation services provide accessibility to service providers and community resources for seniors who lack access to public transportation and/or are too incapacitated to utilize other transportation. Transportation services are intended to assure the continued mobility of older persons.

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	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

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)	300,000	9%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	916,958	27%
Local	2,059,133	61%
Other	100,000	3%
Total Project Costs for Fiscal Year 2025-2026	3,376,091	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	125,000	2163	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.**



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The City will pursue competitive grants in lieu of state funding.

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Project Management/Health Support Manager - Alzheimer's and Adult Dar Care - \$5,000 Transportation Coordinator - Senior Transportation - \$10,000	15,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Recreation Coordinators and Certified Nursing Assistants - Alzheimer's and Adult Day Care - \$230,000 Bus Drivers - Senior Transportation - \$20,000	250,000
Expense/Equipment/Travel/Supplies/Other	Medical and health supplies, recreational and programming supplies, travel and training, lease of copier, and security equipment - Alzheimer's and Adult Day Care - \$5,000 Bus Maintenance and Fuel - Senior Transportation - \$30,000. Transportation Vehicle Wheelchair accessible vehicle (In-kind \$300,000)	35,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		300,000



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13. Program Performance

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

Continue to provide family caregivers with in-facility respite day care, case management and caregiver training and support services. The Day Care services allow family members to work while their loved ones with Alzheimer's Disease, Dementia and Memory Loss Disorders are provided with positive and stimulating activities and programs in a safe and secure environment.

Continue to provide seniors with transportation services to Center for Active Aging, medical appointments, social service agency appointments, prescription pick-up and grocery shopping.

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

Activities and services will include senior transportation, respite (relief) day care, case management, caregiver educational and training support programs to assist in coping with and decreasing the burden of caring for a loved one with dementia, Alzheimer's disease and memory loss disorders.

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

Direct services will include senior transportation, in-facility respite day care services, case management, caregiver training and support services.

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

The target population for the Alzheimer's Day Care is for individuals 18 years old and older who reside in Broward County who have been diagnosed with some form of dementia, Alzheimer's disease, and memory loss disorders. We are anticipating serving at least 30 caregivers and 30 clients for a total of 60 individuals due to the increasing aging population and the number of individuals being diagnosed with dementia and memory loss.

The Senior Transportation Program is available to persons 60 years and older who reside in the City and need transportation to critical destinations. Services are available Monday through Friday 7:00 am to 4:30 pm. The services intend to assist 150- 200 seniors with over 11,000 trips a year.

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

The expected benefit and outcome of this project is for the clients to receive both physically and mentally stimulating activities and programs in a loving and nurturing environment by improving their quality of life. These services allow caregivers to be able to continue to work in knowing their loved ones are in a safe and secure environment. The services decrease the caregivers' burdens and stress as they learn to cope with caring for their loved one and receive a break through the respite and caregiver training and support services. Regular communication with the caregivers, periodic satisfaction surveys, suggestion boxes, and length of stay, will determine if the intended outcomes have been met.

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?

A suggested penalty would be a decrease in funding if deliverables and performance measures are not 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):



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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.