



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1663

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

To provide access to opportunities for physical activity throughout Palm Beach County, serving approximately 35,000 residents of all ages in low-income communities. A cohort of 75 patients with 1 or more Cardiovascular Disease risk factors will be enrolled and guided through physical activity opportunities. Patient outcomes will be reported using American Heart Association platforms for blood pressure, cholesterol, and blood glucose levels for those with Type 2 Diabetes.

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

**State Agency contacted?**  Yes

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

Type of Funding	Amount
Operating	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</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)	500,000	55%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	413,000	45%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>913,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	500,000	1958	Yes

9. **Is future-year funding likely to be requested?**  Yes

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

Digital VibeZ has succeeded for over a decade through philanthropic fundraising by way of individual gifts, online giving, events, corporate giving, and foundation grants. We developed and implemented this initiative and are determined to see its impact in our residents' lives.



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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	CEO Salary, Chief Operating Officer Salary	40,000
Other Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
<b>Operational Costs</b>		
Salary and Benefits	Salaries for 12 positions: Program Director, Project Manager, Digital Media Manager, Visual Marketing Staff, Event Coordinator, Grant Coordinator, Instructors	168,000
Expense/Equipment/Travel/Supplies/Other	Equipment (computers, printers, ipads, etc.), Rent, Monthly Events/Activities, Supplies (pedometers, promotional materials, tents, tables, printed table covers and signs, journals or exercise cards, incentives, office supplies), Bus for Community Engagement Activities, Travel/Transportation, Information Technology/Software	92,000
Consultants/Contracted Services/Study	Data collection, IT services, Consultants, Contracted staff, Trainings, Website, Communication & PR services	200,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

### 13. Program Performance

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



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

Digital Vibez will engage 35,000 residents in all age groups and across the county to participate in events and activities such as Family Fun Fitness Days, Senior Stretch & Strength, among many more programs planned throughout the year. A target cohort of patients will be tracked and their outcomes will be tracked using American Heart Association (AHA) platforms and guidelines.

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

Let's Move 365 direct services will include:  
Community Engagement activities with nutritional information, physical activities, ways to check blood pressure, weight, BMI, etc. at no cost to the participants.

Various exercise classes for seniors and residents of all ages  
A target cohort of patients will be tracked and their outcomes will be measured using American Heart Association (AHA) platforms and guidelines.

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

Digital Vibez will engage 35,000 residents including families and senior citizens in low-income communities and those in areas of higher reported MetS and related conditions.

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

35,000 residents will participate in activities; 75 participants in a cohort will be tracked during the year to measure blood pressure, Glucose levels for Type 2 Diabetics and Cholesterol levels. Residents will register and sign-in during events to track participation and health records will be measured and documented.

**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?**

Penalties for not meeting contractual deliverables may warrant decreased funding.

**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



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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)

Local Entity

University or College

Other (please specify)

**d. First Name**  **Last Name**



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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.*