



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1776

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

The Town of Cutler Bay seeks \$100,000 to support the Cutler Bay Active Adults Services Program. The goal of this project is to assist the Town's senior citizens in aging in place while enjoying an active lifestyle that will keep them connected with the local community. Funding from the State will be used to reduce social isolation and loneliness among older adults by increasing access to recreation and socialization services. Activities include community outings and regularly scheduled activities (crafting, photography, fitness, games) at the Town's Franjo Park Community Center.

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 | 100,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 100,000 |

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) | 100,000 | 50% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 100,000 | 50% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2025-2026 | 200,000 | 100% |

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 | | |
| 2023-24 | 0 | 60,000 | | No |

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.**

The Town is actively pursuing grant funding and establishing community partnerships to supplement this program. The Town also allocates funding in its budget to support services for Older Adults.



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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 |
|--|---|----------------|
| 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 | Program Coordinator | 20,000 |
| Expense/Equipment/Travel/Supplies/Other | Program Supplies | 10,000 |
| Consultants/Contracted Services/Study | Contracted Vendors to conduct recreational activities and workshops | 70,000 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 100,000 |

13. Program Performance

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

The goal of this project is to assist the Town's senior citizens in aging in place while enjoying an active lifestyle that will keep them connected with the local community.

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



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The project has two components: (1) Hosting at least one community outing per month, and (2) providing weekly community based recreation and educational presentations at the Town's Franjo Park Community Center. Center-based recreation may include crafting, exercise, swimming classes (at Cutler Ridge Park and Pool), computer skills/smartphone training, socialization, and educational presentations.

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

The Town's park and recreation staff will provide direct services in the form of coordinating and chaperoning community outings, and facilitating group activities offered at the Franjo Park Community Center and other park facilities. Samples activities include; arts and crafts, group exercise, technology demonstrations (i.e. how to use your smartphone, computer skills, photography), language classes (English/Spanish), and dance. The Town's annual Senior Games Competition, recognized at the state level, attracts out of town participants.

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

The Town will target 100 older adults aged 60+.

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

The proposed project will improve mental health outcomes and overall sense of wellbeing for older adults by creating opportunities to socialize with peers, increasing physical activity through community outings and exercise classes, and maintaining mental stimulation with games and educational activities (computer classes, photography, dominoes, etc). Outcomes will be measured by the number of people served and the completion of participant surveys or the collection of participant testimonies.

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?

The Town will not be reimbursed for project activities that do not meet the deliverables or performance measures.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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:



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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

b. Firm Name



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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.