



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1818

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Expand Holocaust Heroes Worldwide TRIBES Project to provide weekly support to Holocaust Survivors living in Broward, Miami-Dade and Palm Beach counties. Funding will be used to reduce the TRIBES Project waitlist to serve an additional 20 Survivors, in addition to the 150 Survivors currently being served. Each TRIBE consists of 4-5 families providing proactive health management, including but not limited to, scheduling doctors' appointments; reducing loneliness & depression; and home care assistance. The TRIBES also serve as a pillar to foster cross-cultural understanding to fight antisemitism and hate towards the Jewish community.

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	286,000
Fixed Capital Outlay	0
Total State Funds Requested	286,000

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)	286,000	48%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	15,000	3%
Other	290,943	49%
Total Project Costs for Fiscal Year 2025-2026	591,943	100%

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?** Yes

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Pro-rated amount to fulfill all logistical responsibilities, including but not limited to program correspondence, ordering and stocking supplies, budget management and expenditure reports, volunteer tracking, meals, insurance, travel, staff schedules, payroll, etc.	4,375
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Hiring staff coordinators to provide management services to Holocaust survivors via Tribe program volunteers. Total represents pro-rata share of salaries, payroll taxes and benefits.	96,475
Expense/Equipment/Travel/Supplies/Other	Pro-rated cost of Tribe Project programming including community project events, printing educational materials, travel expenses for survivors speaking at school and/or community educational events, background checks for volunteers, professional volunteer and elder care training, software license purchases and meals.	181,000
Consultants/Contracted Services/Study	Pro-rated cost of contracted transportation services and event coordinator consultants.	4,150



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Fixed Capital Construction/Major Renovation:

Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		286,000

13. Program Performance

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

Providing elder service programming for Holocaust survivors living in the Tri-County service areas of Broward, Miami-Dade and Palm Beach counties. Funding will provide social engagement programs; increasing companionship and support to survivors via the TRIBE PROJECT. Over the past six years, we have built up a large volunteer community that has enriched the lives of more than 150 survivors. With this funding we will be able to reduce our wait list to serve more survivors in South Florida.

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

Providing social engagement and trauma-informed volunteer companionship services to Holocaust survivors to combat loneliness and depression via the TRIBES Project. Each survivor we receive weekly essential services from TRIBES volunteers.

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

TRIBES Project volunteers will provide the following core services (Practical, Emotion core services of weekly phone calls, monthly in-person visits, make essential deliveries (groceries, medication, etc.) while also providing companionship, family-structure and cultural connections with Holocaust survivors living in South Florida. We will also host social community events geared towards Survivors.

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

The target population range from elderly persons (Holocaust survivors) who suffer from poor mental and physical health and are also living in economically disadvantaged conditions. In addition, grade school students will benefit from speaking and community events with Survivors. In addition to the TRIBES volunteers, along with there families, will also be served from this project. In total, we anticipate serving over 800 individuals.

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

The expected benefits include increase physical & mental health by reducing loneliness and depression among Holocaust survivors; enrich cultural experience and improve the quality of education to fight antisemitism. We will provide quantitative tracking of Tribe volunteers, community events, and anecdotal information collected and included in reports to the Department of Elder Affairs

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?

Paying back 10% of the allocated amount and taking proper steps, via State agency guidance, to ensure deliverables and scope are delivered to Holocaust Survivors in South 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):



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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.