

LFIR # 1883

1. Project Title	Building a Caregiver Communit	у			
2. Senate Sponsor	Keith Truenow				
3. Date of Request	2/7/2025				
4. Project/Program D	escription				
strain on more expereadmissions, and the families. This central Seminole Counties. from Board/Staff. Share the Care is a	egiver Community Project will enable insive healthcare settings. Prevention he need for full-time nursing home ally located facility will be part of a law in Share the Care has already investing them to maintain their lo	ive and proactive care car care, resulting in significa arger project located in Weed \$1 million in the project of in 1986, which provide	n reduce emergency ant cost savings for linter Park, on the b ct and there is 100% s services, education	y room visits, hospital healthcare systems and order of Orange and donation participation on, training, and support	
5. State Agency to re	ceive requested funds Dep	artment of Elder Affairs			
State Agency conta	acted? No				
6. Amount of the Non	recurring Request for Fiscal Yea	ır 2025-2026			
Type of Funding		Amo	ount		
Operating	Operating 0				
Fixed Capital Outlay			500,000		
Total State Funds Requested 500,000					
7. Total Project Cost f	for Fiscal Year 2025-2026 (includ	ing matching funds ava	ilable for this proj	ect)	
7. Total Project Cost f	for Fiscal Year 2025-2026 (includ	ing matching funds ava	ilable for this proj	ect)	
Type of Funding	for Fiscal Year 2025-2026 (includ			ect)	
Type of Funding Total State Funds R Matching Funds	·	Amount 500,000	Percentage 12%		
Type of Funding Total State Funds R Matching Funds Federal	Requested (from question #6)	Amount 500,000	Percentage 12%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the	·	Amount 500,000	Percentage 12% 0% 0%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	Requested (from question #6)	Amount 500,000 0 0	Percentage 12% 0% 0% 0%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	Requested (from question #6)	Amount 500,000 0 0 3,700,000	Percentage 12% 0% 0% 0% 0% 88%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	Requested (from question #6)	Amount 500,000 0 0	Percentage 12% 0% 0% 0%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr	Requested (from question #6)	Amount 500,000 0 0 3,700,000 4,200,000	Percentage 12% 0% 0% 0% 0% 88%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the	Requested (from question #6) e amount of this request) s for Fiscal Year 2025-2026 eviously received state funding?	Amount 500,000 0 0 3,700,000 4,200,000 No Specific	Percentage 12% 0% 0% 0% 0% 88%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the	Requested (from question #6) e amount of this request) s for Fiscal Year 2025-2026 eviously received state funding? most recent instance:	Amount 500,000 0 0 3,700,000 4,200,000 No Specific	Percentage 12% 0% 0% 0% 88% 100%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the	Requested (from question #6) amount of this request) s for Fiscal Year 2025-2026 eviously received state funding? most recent instance: Amount	Amount 500,000 0 0 3,700,000 4,200,000 No Specific	Percentage 12% 0% 0% 0% 88% 100%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the Fiscal Year (уууу-уу)	Requested (from question #6) amount of this request) s for Fiscal Year 2025-2026 eviously received state funding? most recent instance: Amount	Amount 500,000 0 0 3,700,000 4,200,000 No Specific	Percentage 12% 0% 0% 0% 88% 100%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the Fiscal Year (уууу-уу) 9. Is future-year fund	Requested (from question #6) amount of this request) s for Fiscal Year 2025-2026 eviously received state funding most recent instance: Amount Recurring Nonrecurring	Amount 500,000 0 0 3,700,000 4,200,000 No Specific Appropriation #	Percentage 12% 0% 0% 0% 88% 100%		



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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	A	
b. Is the project "shovel ready" (i.e permitted)?	No	
c. What is the estimated start date of construction?	07/01/2025	
d. What is the estimated completion date of construction?	12/31/2025	
e. What funding stream will be used for ongoing operations	and maintenance	of the project?
Program income from Share the Care services.		
11. List the owners of the facility to receive, directly or indirect relationship between the owners of the facility and the ent		tal outlay funding. Include the
Share the Care, Inc owner of the property/facility.		

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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Renovation of a caregiver community facility to provide comprehensive integrated care to family caregivers. Construction will require interior wall, electrical, and plumbing renovations and modifications, proper fire suppression, technology, HVAC upgrades, and exterior grounds work for parking.	500,000
Total State Funds Requested (m	ust equal total from question #6)	500,000

13. Program Performance

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



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The Caregiver Community complex includes new construction creating a focal point for caregiver support including care coordination, behavioral health services, mental health wellness, and an adult day health center. By enabling caregivers to provide home-based care, these programs can reduce the strain on more expensive healthcare settings, such as hospitals or long-term care facilities, resulting in significant cost savings for healthcare systems, families, and the Veteran support community.

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

These family-focused services support home-based care for those caring for disabled adults, disabled veterans, people with dementia and Alzheimer's and more. Services include Care Management, Adult Day Health Care, In-Home Respite Care, Short-Term Overnight Respite Care, Mental Health Counseling, Education, Home Modification and Non-Durable Medical Supplies.

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

The Caregiver Community Project will be the first of its kind in Orange & Seminole Counties, serving as a hub for caregiver health and wellness. Programs will offer training, counseling, and access to necessary caregiver tools and techniques, enabling families to deliver more effective, safer, and higher-quality care.

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

Non-paid family caregivers caring for a loved-one residing in their home. Caregivers include those caring for disabled adults, disabled veterans, people with dementia and Alzheimer's and more. The majority of caregivers are from Orange and Seminole Counties, but programs are open to all interested caregivers living in Central Florida. Virtual programing is open to all caregivers nationwide. In 2024 Share the Care served 2100 families.

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

The Caregiver Community Project programs will help caregivers develop strategies for managing stress and coping with exhaustion. In-person programs will foster a sense of community, so caregivers know they are not alone. These resources help caregivers maintain their loved-one at home longer, which is more affordable than institutional care. Respite programs serve 29 persons at the same cost as 1 person in a nursing home. The project will provide learning space for students in the fields of Case Management and Behavioral Health. Expanded office and training space will allow for increases in administrative staff, additional hours for contracted clinicians, and more opportunities for contracted wellness instructors.

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?

10	raining to meet deriverables of performance measures provided for in the contract:
F	Return of funds to administrating agency.
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 infastructure)
b. N	lame of the natural disaster (or Executive Order # for events not under a federal declaration):
15. Ha	s the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received



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□ No						
☐ No, but intends to	o apply					
a. If yes, provide th	ne FEMA project worksh	eet ID#:				
b. Provide the total	l project cost listed on t	he FEMA proj	ect workshee	et:		
16. Has the entity app	olied for or received stat	e assistance t	or this proje	ct (other tha	n this reques	.t)?
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends to	o apply					
a. If ves. specify the	e program and state ago	encv (ex. Loca	al Governme	nt Emergenc	v Bridge Loa	n. Department of
Commerce):						, -
17. Requester Contact	t Information					
a. First Name	Mary Ellen	Last Name	Philbin			
b. Organization	Share the Care, Inc.					
c. E-mail Address	mephilbin@helpforcareg	givers.org				
d. Phone Number	(407)423-5311	Ext.				
18. Recipient Contact	Information					
a. Organization	Share the Care, Inc.					
b. Municipality and	d County Orange					
c. Organization Ty	pe					
□For Profit Entity						
☑Non Profit 501(d	c)(3)					
□Non Profit 501(c	c)(4)					
□Local Entity						
□University or Co	ollege					
□Other (please sp	_					



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d. First Name	Mary Ellen	Last Name	Philbin		
e. E-mail Address	mephilbin@helpforcaregivers.org				
f. Phone Number	(407)423-5311	Ext.			
19. Lobbyist Contact Information					
a. Name	Natalie Kelly				
b. Firm Name	Acclaim Strategies Inc				
c. E-mail Address	natalie@acclaimstrategies.net				
d. Phone Number	(850)570-5747				

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