



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1917

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

**4. Project/Program Description**

Providing care-support to Holocaust survivors living in Jewish Family Services of Greater Orlando Service area. Over past 13 years a significant number of survivors have moved to Central Florida to live with children/grandchildren. In 2020, Holocaust Survivor Program Atlanta (US Regional Headquarters), contacted JFS Orlando seeking help for Jewish survivors who relocated to Orlando, FL.

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	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</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)	250,000	62%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	150,000	38%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>400,000</b>	<b>100%</b>

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	250,000	401	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.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**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	President, Assistant Director, Comptroller, Front Office Desk, Rabbi (comprises approximately 10% overall budget)	25,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Rabbi travel expenses.	1,000
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Case Manager	66,000
Expense/Equipment/Travel/Supplies/Other	Laptop, cell phone, travel expense, supplies, facility/organizational usage overhead.	33,000
Consultants/Contracted Services/Study	Home Health Aids (assessments/medical care) - Non-Emergency Ambulate Services.	125,000
<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>250,000</b>

**13. Program Performance**

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

Providing care-support to Holocaust survivors living in Jewish Family Services of Greater Orlando service area. Over the past 13 years, a significant number of survivors have moved to Central Florida.

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

A designated elder care professional/specialist specific to targeted population. Establishment of contact office to coordinate assistance services. JFS is an established multi-county family services center uniquely equipped to support services of transportation, home/health/visitation care, counseling and food assistance. Funding will go directly to services due to systems currently operating.



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

A designated specialist Case Manager (elder care professional for targeted population) assistance point-of-contact. Funding for specific assistance; transportation, home health/visitation care, counseling, food assistance.

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

Holocaust Survivors; Elderly persons; persons with poor mental health; persons with poor physical health; jobless persons; economically disadvantaged persons; physically disabled. 25-30 served.

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

The Case Manager visits each client once a month to record mobility, physical, and cognitive abilities and address when necessary. Use of physical abilities tests (PAT), cognitive aptitude tests, and professional observation. Improve physical health: The fact that the Holocaust Survivor's age and immobility makes it very difficult to advantage consistent medical care. The provision of mobile care services greatly improves the likelihood of receiving physical/medical care. Improvement of overall health and well-being.

**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?**

Quarterly Programmatic Reporting of funding attributable to Holocaust Survivor care/support to ensure project remains targeted and on-track.

**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:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied



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- 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**

**c. E-mail Address**

**d. Phone Number**



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