



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2319

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To provide respite services to caregivers of those living with Alzheimer's and Dementia, so they may participate in a caregiver training program they otherwise would not be able to attend. Reduces risk factors for burnout, abuse, neglect, and institutionalization. Between delay in institutionalization and reduction in ER visits, estimated cost savings between \$6,000-\$12,000 per patient (total est savings for this program between \$660,000 to \$1.2 million).

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	400,290
Fixed Capital Outlay	0
Total State Funds Requested	400,290

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)	400,290	45%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	400,290	44%
Local	0	0%
Other	100,000	11%
Total Project Costs for Fiscal Year 2025-2026	900,580	100%

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		

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	.15 of FTE includes 30% taxes and benefits. Primary Lead for project, manages overall project, responsibility for implementation, overall operations, and finance	29,250
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	10% overhead: ie utilities, insurance, taxes, etc	36,390
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Partial salary and benefits for support staff, comms, community engagement, and Director of Program and Services/Social Worker	109,150
Expense/Equipment/Travel/Supplies/Other	Awareness Campaign Fees, Travel, Venue Use, Meals, Educational Materials, Webcast, Other supplies, IT Support, Database (CRM) for tracking, analysis, and reporting,	37,500
Consultants/Contracted Services/Study	\$180,000 in respite outsourcing and potential \$8k for staff consultant (ie accounting).	188,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		400,290

13. Program Performance

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

To provide caregiver training to more Alzheimer's and Dementia caregivers by providing temporary respite during the training seminars thereby reducing hospitalizations, delaying permanent institutionalized care, and reducing costs to families and the state.

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



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Respite services to those with Alzheimer's and Dementia, training for Caregivers to facilitate best methods of care

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

Respite and caregiver training

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

Those living with Alzheimer's and Dementia and their Caregivers

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

Reduction of ER visits for patients and injured caregivers, Decreased anxiety and depression among caregivers, improved mood of those living with Alzheimer's and Dementia due to caregiver training, Between delay in institutionalization and reduction in ER visits, estimated cost savings between \$6,000-\$12,000 per patient (total est savings for this program between \$660,000 to \$1.2 million).

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?

Reduction in funding allocation, corrective action plans and program adjustments, additional reporting.

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
- 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



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- 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.