



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2361

1. **Project Title** Caregiver Connections: A Support Program for Caregivers in Pinellas, Pasco, Hernando & Hillsborough

2. **Senate Sponsor** Nick DiCeglie

3. **Date of Request** 2/10/2025

4. **Project/Program Description**

Funds will be used to develop and implement Caregiver Connections, a Virtual Information and Referral and Resource Support program specifically designed to assist caregivers of minor children with disabilities and adults caring for other adults with chronic conditions within Pinellas, Pasco, Hernando, and Hillsborough counties. This program aims to address the needs of caregivers through the provision of digital self-service tools, live support, and access to critical resources. Additionally, caregivers experience increased stress when disaster strikes as they work to evacuate medically needy seniors and children and provide necessary home health support with constrained resources. By resourcing trained First Contact staff to assist caregivers with hyper-localized information, taking steps to dive deeper and then providing proactive caregiver support, this program pushes past some of the most common barriers to accessing resources to meet the needs of these vulnerable populations.

5. **State Agency to receive requested funds** Department of Children and Families

State Agency contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	600,000
Fixed Capital Outlay	0
Total State Funds Requested	600,000

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)	600,000	32%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	365,847	19%
Local	721,612	37%
Other	239,283	12%
Total Project Costs for Fiscal Year 2025-2026	1,926,742	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		
2024-25		500,000	377	

9. **Is future-year funding likely to be requested?** No

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	Support for Human Resources, Finance and Programmatic Oversight for program implementation (financial reporting, payroll, etc.)	40,560
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	(1) FTE Director; (3) FTE Online Chat/Text Specialists; (2) FTE Resource Specialists	397,800
Expense/Equipment/Travel/Supplies/Other	Printing resource materials, resource guides, hiring and recruiting, purchase of program promotion and educational ads, telephony and customer relation management (CRM) system programming and support, background checks, rent, insurance, utilities(electric and Internet), telephone and travel.	161,640
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		600,000

13. Program Performance

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



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The program is designed to address a critical need in the community, enhance the well-being of caregivers, and improve outcomes for those they care for. By providing digital self-service options and live support, the program will help alleviate some of the burdens faced by caregivers, improve their access to resources, and ultimately enhance the quality of care provided to vulnerable populations.

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

24/7/365 access for caregivers to information, resources, and support; Centralized online resources for caregivers seeking support, connection, and information related to specific conditions focusing on chronic diseases such as Alzheimer's, Parkinson's, ALS, neurodivergent conditions, sickle cell anemia, and more; 25,000 printed caregiver directories produced and distributed to community health and human service providers serving seniors and caregivers, medical facilities, senior housing programs, and targeted community events.

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

According to a 2021 study, caregivers who receive adequate support can reduce healthcare costs by approximately \$3,102 per emergency room visit for their loved one. The potential savings for Florida of reducing even just one emergency room visit per year for each caregiver served could exceed \$15 million annually.

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

The target population is paid and unpaid caregivers of vulnerable populations.

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

An estimated 30,000 caregivers will receive information and support to reduce the physical, emotional, and financial stress of caring for an adult or children with a disability and/or chronic condition. Results will be measured by the number of caregivers reached through the program, as well as pre- and post- program caregiver surveys.

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?

Disbursed funds for deliverables not met will be returned to the state.

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):

Support long-term recovery needs of caregivers impacted by Hurricanes Helene and Milton.

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#:



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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)
- 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



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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.