

LFIR # 2384

1. Project Title	City of West Par	k Senior Program				
	Only of Wood Fall	Johnor i Togram				
2. Senate Sponsor	Jason Pizzo					
3. Date of Request	3/4/2025					
4. Project/Program De	escription					
activities through sh outings, health fairs, may suffer from dep	uttle bus transporta exercise and nutrit ression, anxiety, lor	tion, credentialed ar ion. This program w neliness and other a	nd courteous staff ser ill minimize service d	vices, social intera elivery gaps for our ur elderly residents	r senior population who s. The maiority of this	
5. State Agency to rec	ceive requested fu	ı <b>nds</b> Departme	ent of Elder Affairs			
State Agency conta	acted? No	•				
6. Amount of the Non		for Fiscal Year 202	25-2026			
Type of Funding			Amo	unt		
Operating	<u> </u>			400,000		
Fixed Capital Outlay	/		0			
<b>Total State Funds I</b>	Requested		400,000			
7. Total Project Cost f	or Fiscal Year 202	5-2026 (including n	natching funds avai	ilable for this proj	ect)	
7. Total Project Cost f  Type of Funding	or Fiscal Year 202	5-2026 (including r	natching funds avai	ilable for this proj	ect)	
•					ect)	
Type of Funding			Amount	Percentage	ect)	
Type of Funding Total State Funds R			Amount	Percentage	ect)	
Type of Funding Total State Funds R Matching Funds	equested (from que	estion #6)	Amount 400,000 0	Percentage 80%	ect)	
Type of Funding Total State Funds R Matching Funds Federal	equested (from que	estion #6)	Amount 400,000	Percentage 80%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the	equested (from que	estion #6)	Amount 400,000 0	Percentage 80% 0% 0%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	equested (from que amount of this requ	estion #6)	Amount 400,000 0 0 100,000	Percentage 80% 0% 0% 20%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	equested (from que amount of this requ s for Fiscal Year 20	estion #6)  uest)  025-2026  state funding?	Amount 400,000  0 0 100,000 0	Percentage  80%  0%  0%  20%  0%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the	equested (from que amount of this requ s for Fiscal Year 20 eviously received a most recent instar	pestion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)	Amount  400,000  0  100,000 0  500,000  Yes	Percentage  80%  0%  0%  20%  0%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pro If yes, provide the Fiscal Year (yyyy-yy)	equested (from que amount of this requ s for Fiscal Year 20 eviously received a most recent instar	pestion #6)  uest)  025-2026  state funding? nce:	Amount 400,000  0 100,000 0 500,000	Percentage  80%  0%  0%  20%  100%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the Fiscal Year (yyyy-yy) 2024-25	equested (from que amount of this requested for Fiscal Year 20 eviously received amost recent instar  Amo Recurring	estion #6)  Destion #6)	Amount  400,000  0  100,000 0  500,000  Yes  Specific Appropriation #	Percentage  80%  0%  0%  20%  100%  Vetoed		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pro If yes, provide the Fiscal Year (yyyy-yy)	equested (from que amount of this requested for Fiscal Year 20 eviously received amost recent instar  Amo Recurring	estion #6)  Destion #6)	Amount  400,000  0  100,000 0  500,000  Yes  Specific Appropriation #	Percentage  80%  0%  0%  20%  100%  Vetoed		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the Fiscal Year (yyyy-yy) 2024-25	equested (from que amount of this requested for Fiscal Year 20 eviously received amost recent instar  Amo Recurring  0 ing likely to be requested for Fiscal Year 20	estion #6)  Destion #6)	Amount  400,000  0  100,000 0  500,000  Yes  Specific Appropriation #	Percentage  80%  0%  0%  20%  100%  Vetoed		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project professed year (yyyy-yy) 2024-25 9. Is future-year funding a. If yes, indicate n	equested (from quested amount of this requested for Fiscal Year 20 eviously received amost recent instared Recurring 0 ing likely to be requested amount of this requested amount of this requested for Fiscal Year 20 eviously received amount of this requested for Fiscal Year 20 eviously received amount of this requested for Fiscal Year 20 eviously received amount of this requested for Fiscal Year 20 eviously received amount of this requested for Fiscal Year 20 eviously received amount of this requested for Fiscal Year 20 eviously received amount of this requested for Fiscal Year 20 eviously received amount of this requested for Fiscal Year 20 eviously received amount of this requested for Fiscal Year 20 eviously received amost recent instar	estion #6)  D25-2026  State funding? nce:  Nonrecurring 400,000  quested?  Int per year.	Amount  400,000  0  100,000 0  500,000  Yes  Specific Appropriation #	Percentage  80%  0%  0%  20%  100%  Vetoed		



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

ruction irrent phase of t	he project?		
O Design	Construction	O N/A	
"shovel ready"	(i.e permitted)?		
stimated start da	te of construction?		
stimated comple	tion date of constru	ction?	
stream will be u	sed for ongoing ope	erations and mainter	nance of the project?
			d capital outlay funding. Include the
	Design "shovel ready" of the stimated start dates stimated complete stream will be used to the facility to	Design Construction  "shovel ready" (i.e permitted)?  stimated start date of construction?  stimated completion date of construction date of construction open stream will be used for ongoing open of the facility to receive, directly or	Design Construction N/A  "shovel ready" (i.e permitted)?

### 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	This portion of the budget will cover salary and benefits for staff members administering the Senior Citizen Program at the center. These costs will include Program Administrator, Recreational Program Aide and Transportation Driver.	300,000		
Expense/Equipment/Travel/Supplies/ Other	These program expenses and equipment include utilities, repairs, cleanup, supplies, materials, equipment and travel costs.	75,000		
Consultants/Contracted Services/Study	The contractual services will include presenters, program instructors, and case management services.	25,000		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6) 400,000				

### 13. Program Performance

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

The goal is to minimize service gaps for our senior population who may suffer from depression, anxiety, loneliness and other ailments that plague our elderly residents. This program will enhance the quality of life of our participants by providing much needed activities and services.



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

The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise and nutrition. This program will minimize service gaps for our senior population who may suffer from depression, anxiety, loneliness and other ailments that plague our elderly residents. The program will provide direct services to seniors in the program. Participants will have opportunities to bond and congregate with peers and staff.

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

Senior Program participants will have access to this safe and caring environment. The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise and nutrition. These seniors will experience a better quality of life, than if they stay in isolation without the opportunity to engage and interact with peers, staff and guest speakers of the program.

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

Senior residents ages 60 years and older are the target population for this program. With this funding request, we expect to provide direct services and serve approximately 100 seniors.

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

We expect the outcome to be a safe environment for seniors to participate in holistic activities within our program. Direct services will be provided. This outcome will be measured by attendance records and participant surveys. By providing a comprehensive program that meets service gaps for seniors, we can assist them with obtaining a better quality of life. The program can also assist any participants who have experienced loss. We will also provide referral services as needed or when appropriate.

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?

	for failing to meet deliverables or performance measures provided for in the contract?					
The contract will have standard language that entails compliance, deliverables and reports.						
14.	ls tl	his 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. Na	ame of the natural disaster (or Executive Order # for events not under a federal declaration):				
15.	Has	s the entity applied for or received federal assistance for this project?				
	□ Y	'es, Applied				
	□ Y	'es, Received				
		No				

a. If yes, provide the FEMA project worksheet ID#:

□ No, but intends to apply



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b. Provide the total	project cost listed on	the FEMA proj	ect worksheet:	
6. Has the entity app	olied for or received sta	ate assistance	for this project (other th	nan this request)?
☐ Yes, Applied				
☐ Yes, Received				
□ No				
☐ No, but intends t	o apply			
a. If yes, specify th Commerce):	e program and state aલ્	gency (ex. Loca	al Government Emerge	ncy Bridge Loan, De
7. Requester Contac	t Information			
a. First Name	W. Ajibola	Last Name	Balogun	
b. Organization	City of West Park			
	abalogun@cityofwestp			
d. Phone Number	(954)989-2688	Ext.	220	
3. Recipient Contact	Information			
a. Organization	City of West Park			
b. Municipality and	d County Broward			
c. Organization Ty	pe			
□For Profit Entity				
□Non Profit 501(d	c)(3)			
□Non Profit 501(d	c)(4)			
☑Local Entity				
□University or Co	ollege			
□Other (please sp	pecify)			
d. First Name	W. Ajibola	Last Name	Balogun	
e. E-mail Address	abalogun@cityofwestp	ark.org		
f. Phone Number	(954)989-2688	Ext.	220	



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a. Name	Yolanda Cash Jackson	
b. Firm Name	Becker & Poliakoff PA	
c. E-mail Address	yjackson@beckerlawyers.com	
d. Phone Number	(954)985-4132	

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