

LFIR # 2417

1. Project Title	Jewish Family Services Holoc	aust Survivors and Senior	Care Program	
2. Senate Sponsor	Ana Maria Rodriguez			
3. Date of Request	3/4/2025			
4. Project/Program De	escription			
Holocaust survivors approximately 800 a	pand GJFS' wraparound services and those 60+ who've experienc innually. Clients will receive perso ation. The goal is to help these po t no cost.	ed trauma. Broward is hon onalized care plans includi	ne to 1,500 survivors ng home-care assis	s and GJFS serves tance, care coordination,
5. State Agency to red	ceive requested funds De	partment of Elder Affairs		
State Agency conta	acted? No			
6. Amount of the Nonr	recurring Request for Fiscal Ye	ear 2025-2026		
Type of Funding		Amo	ount	
Operating			565,000	
Fixed Capital Outlay	,		0	
Total State Funds F	Requested		565,000	
7. Total Project Cost f	or Fiscal Year 2025-2026 (inclu	iding matching funds ava	nilable for this proj	ect)
Type of Funding		Amount	Percentage	
	equested (from question #6)	Amount 565,000	Percentage 100%	
	equested (from question #6)		_	
Total State Funds R	equested (from question #6)		_	
Total State Funds R Matching Funds Federal	equested (from question #6) amount of this request)	565,000	100% 0% 0%	1
Total State Funds R Matching Funds Federal		565,000	100% 0% 0% 0%	
Total State Funds Romatching Funds Federal State (excluding the		565,000 0	100% 0% 0%	
Total State Funds Romatching Funds Federal State (excluding the Local Other		565,000 0 0	100% 0% 0% 0%	
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre	amount of this request)	565,000 0 0 0 565,000	100% 0% 0% 0% 0%	
Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profif yes, provide the inferior of the state of the stat	amount of this request) s for Fiscal Year 2025-2026 eviously received state funding	565,000 0 0 0 565,000 0 Specific	100% 0% 0% 0% 0%	
Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profif yes, provide the local	amount of this request) s for Fiscal Year 2025-2026 eviously received state funding most recent instance:	565,000 0 0 0 565,000 7 No Specific	100% 0% 0% 0% 0% 100%	
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Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project present of the second of the secon	amount of this request) s for Fiscal Year 2025-2026 eviously received state funding most recent instance: Amount Recurring Nonrecurring likely to be requested?	565,000 0 0 0 565,000 3? No Specific Appropriation #	100% 0% 0% 0% 100%	



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10.	Status of Cons	truction					
	a. What is the c	urrent phase of t	he project?				
	Planning	O Design	Construction	O N/A			
	b. Is the project	"shovel ready"	(i.e permitted)?				
	c. What is the e	stimated start da	te of construction?				
	d. What is the e	stimated comple	tion date of constru	ction?			
	e. What funding	stream will be ເ	sed for ongoing ope	erations and mai	ntenance of t	he project?	
11			o receive, directly or rs of the facility and		ixed capital o	utlay funding	j. Include the

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits	Program Manager of Older Adult Program	5,650		
Other Salary and Benefits	Administrative Staff	50,850		
Expense/Equipment/Travel/Supplies/Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs				
Salary and Benefits	Salaries of The Dorit & Ben J. Genet Cupboard staff	22,335		
Expense/Equipment/Travel/Supplies/ Other	Services	10,112		
Consultants/Contracted Services/Study	Home care, transportation, food assistance	476,053		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6) 565,000				

13. Program Performance

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

The specific goal that will be achieved is improvement of overall quality of life for Holocaust survivors and adults 60 and older who have experienced trauma.

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



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The activities and services that will be provided to meet the intended purpose of these funds will support the expansion of wraparound services for vulnerable adults in Broward County, specifically targeting Holocaust survivors and older adults aged 60+ who have experienced trauma. Services provided will include home-care assistance, care coordination, kosher meal delivery, transportation to medical appointments, and personalized care plans. The goal is to help these populations maintain independence, age with dignity, and access essential services at no cost. Additionally, the funding will support mental health services, social engagement, and reduce isolation for these individuals.

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

The direct services that will be provided to citizens by the appropriation project include home-care assistance, care coordination, nutritional support, and transportation services.

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

The target population served by this project are Holocaust survivors and adults 60 and over who have experienced trauma. GJFS expects to serve 500 vulnerable adults with this funding.

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

GJFS will measure service outcomes through client surveys, care coordinator assessments, and service utilization data (meals, home-care hours, transportation). Mental health outcomes will be tracked via pre/post surveys and assessments on emotional well-being and isolation, alongside engagement metrics. Service utilization, including transportation trips and wait times, will also be monitored, with client satisfaction surveys evaluating the services. Overall impact will be measured by individuals served, job creation, healthcare benefits (reduced hospitalizations), and financial relief (reduced out-of-pocket costs), while focusing on mobility, food distribution, and community participation.

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?

In addition to standard penalties, the agency may impose monetary fines, reduce or withhold payments until deliverables are met, or adjust contract terms, such as scope or payment schedules. For serious non-performance, suspension of services or contract termination may occur. Public disclosure of non-performance could harm the contractor's reputation. These penalties ensure accountability, with funding provided by the State of Florida.

14. Is 1	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	b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):					
15. Ha	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 c	ost listed on the	e FEMA proj	ect worksheet:	
6. Has the entity app	lied for o	r received state	assistance	for this project (other than t	his request)?
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends to	o apply				
a. If yes, specify the Commerce):	e progran	n and state ager	ncy (ex. Loca	al Government Emergency I	Bridge Loan, Departme
7. Requester Contact		ion	7		
a. First Name	Randy	ov and Doorl Co.	Last Name		
b. Organizationc. E-mail Address			odman JFS of Broward County, Inc.		
d. Phone Number	(954)909		Ext.		
. Recipient Contact a. Organization	Dr. Stanl	on ey and Pearl Go County, Inc.	odman JFS o	ıf	
b. Municipality and	d County	Broward			
c. Organization Ty	ре				
□For Profit Entity					
☑Non Profit 501(c	3)(3)				
□Non Profit 501(c	:)(4)				
□Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Randy		Last Name	Colman	
e. E-mail Address		@jfsbroward.org			
f. Phone Number	(954)909)-0793	Ext.		



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19. Lobbyist Contact Information

a. Name	Heather L. Turnbull	
b. Firm Name	Rubin, Turnbull & Associates	
c. E-mail Address	heather@rubinturnbull.com	
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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.