



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2585

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

JFCS will provide culturally-relevant, individualized support services to approximately 100 Holocaust Survivors in Duval, St. Johns, Volusia and Flagler counties. Services (financial and medication assistance and care management) will help meet the growing basic needs of Survivors in poverty, improve physical and mental health/wellness, thereby helping Survivors maintain their ability to live independently and avoid premature institutionalization.

5. **State Agency to receive requested funds**

State Agency contacted? Yes

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

Type of Funding	Amount
Operating	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

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)	250,000	11%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	12,600	1%
Local	220,500	11%
Other	1,601,694	77%
Total Project Costs for Fiscal Year 2025-2026	2,084,794	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	0	250,000	2437	No

9. **Is future-year funding likely to be requested?** Yes

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

We do not have access to a specific source of funding to support the activities described in this request. The Claims Conference funds are designated for home care services only, not for the services or expenses related to this request.



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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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Two full-time geriatric care managers to provide case management services to Survivors. Total represents salaries, payroll taxes and benefits. 1,707 units (1 hour) of case management will be provided at a rate of \$41/unit.	69,987
Expense/Equipment/Travel/Supplies/Other	Emergency financial assistance to Survivors to meet basic needs (rent, mortgage, utilities, health-related/medication expenses, other critical needs, food, etc.), office supplies, cell phones (2) and travel - mileage. Although we receive a substantial amount of funds from the Claims Conference, those funds are designated for home care services only, and not for any services or expenses related to this request.	180,013
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)		250,000

13. Program Performance

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



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JFCS will provide culturally-relevant support to 100 aging Holocaust Survivors living in poverty in Duval, St. Johns, Volusia and Flagler counties. Financial assistance, health-related/medication assistance and care management will help meet basic needs, improve physical and mental health/wellness, helping Survivors maintain independence and avoid premature institutionalization. Appropriations funds for care manager salaries in 2020-21 allowed JFCS to leverage dollars to hire an occupational therapist to strengthen services to isolated, frail survivors.

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

Two geriatric care managers will provide culturally responsive case management, assessment and coordination of services/resources to Survivors. Care managers will ensure Survivors meet basic needs (housing, utilities, food, prescriptions, health care) through the provision of emergency financial assistance and medication assistance and home-delivered food. To meet linguistic needs of Survivors, one care manager speaks Russian.

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

Citizens will receive case management visits and phone check-ins from their care manager, Services will consist of ongoing assessment, referral and coordination of resources. Survivors will also receive help, as needed, to meet growing demand for basic needs - medication costs, emergency financial assistance (rent/mortgage, utilities, other critical basic needs) , home-delivered meals and access to fresh fruits and vegetables.

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

Approximately 100 aging Holocaust Survivors in Duval, St. Johns, Volusia and Flagler counties will be served. Roughly 50% live at/below the federal poverty level. (65% of Survivors receiving care management live in poverty). The majority are Russian. Many struggle with dementia, cognitive decline, PTSD and health problems brought about by starvation and treatment during the Holocaust. The challenges of aging are intensified for Holocaust Survivors; normal life cycle changes can reignite painful memories and flashbacks and re-traumatization.

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

JFCS will strengthen the safety net and support network for aging Survivors by providing access to in-home wraparound services to meet their basic needs and mental health needs. In most instances, JFCS is the sole social service/in-home provider working with these vulnerable individuals. We will enter assessment and service plan data into eCR (our EHR system), pulling evaluative reports regularly. We expect 80% of Survivors will remain independent /not institutionalized; 75% of Survivors will improve and/or maintain their mental health as measured by pre and post depression screening and 100% of Survivors will receive culturally-relevant, trauma-informed services designed to meet their religious and linguistic needs.

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?

JFCS will respond to any and all corrective action items noted. The Director of Grants & Compliance and COO will work closely with the Director of Jewish Services to ensure that the Agency abides by all contractual, regulatory and accreditation requirements in the provision of services.

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?



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- 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
- 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



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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

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