



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2909

1. **Project Title** Home Care for Frail Seniors and Those with Alzheimer's Disease and Related Dementias

2. **Senate Sponsor** Alexis Calatayud

3. **Date of Request** 2/12/2025

4. **Project/Program Description**

Jewish Community Services of South Florida, Inc. will serve frail and vulnerable seniors, including individuals with Alzheimer's Disease and Related Dementias (ADRD) who are 55 years or older in Miami-Dade County with home care services and personalized support in order to age safely in place and postpone or eliminate their need to move into a more restrictive residential setting such as an assisted living setting or nursing facility.

5. **State Agency to receive requested funds** Department of Elder Affairs

State Agency contacted? Yes

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

Type of Funding	Amount
Operating	750,000
Fixed Capital Outlay	0
Total State Funds Requested	750,000

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)	750,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	750,000	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	401	No

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

a. **If yes, indicate nonrecurring amount per year.** 750,000

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

Money raised from private citizen's as well as grant opportunities in local community.

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		0
Other Salary and Benefits	Salary and benefits for administrative support coordinating client care.	102,500
Expense/Equipment/Travel/Supplies/Other	Overhead and necessary operational expenses (i.e. utilities, office space, equipment, etc.).	10,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Hourly Home care services (estimated 24,500 hours of care) Serving approximately 40 clients with an average of 12 hours per week at a rate of \$26/hour.	637,500
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		750,000

13. Program Performance

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

JCS will provide comprehensive home care services which include personal care, homemaker services, respite services, and chore services to 40 low-income, high-risk, frail older adults.

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

JCS will provide comprehensive home care services which include personal care, homemaker services, respite services, and chore services to 40 low-income, high-risk, frail older adults.

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



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See above.

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

The project will directly benefit vulnerable seniors who are 55+ years old. Approximately 40 senior clients will be served by Jewish Community Services of South Florida, Inc.

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

A comprehensive assessment is provided by a case manager or a registered nurse in consultation with the client to determine their home care needs. Services are coordinated and closely monitored by case managers. Funding will enable JCS to supplement home care hours for those individuals whose current needs are unmet.

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?

Corrective action plans may be required for noncompliance and/or nonperformance. Financial penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans. Increments of penalty imposition shall apply and shall be based upon the severity of the performance deficits that generated the need for corrective action plan.

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.