



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3064

1. Project Title

2. Senate Sponsor

3. Date of Request

**4. Project/Program Description**

The renovation of the Nassau County Senior Life will allow seniors and caregivers to benefit from having additional space to provide an array of services and programs that are critical, life sustaining, and allows seniors to age in place. Loneliness and social isolation are predictors of health decline and it's critical that there is adequate space available for the well-being of the senior population. There is currently a wait list or seniors needing services and this will allow activities such as Congregate meals, Medicare workshops, Advance Directives, support groups, wellness & exercise classes (fall prevention, balance, grief support, caregiver support, educational workshops, health clinics, etc.)

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	1,275,000
<b>Total State Funds Requested</b>	<b>1,275,000</b>

**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)	1,275,000	98%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	25,000	2%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,300,000</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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

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)?

No

c. What is the estimated start date of construction?

11/01/2025

d. What is the estimated completion date of construction?

06/30/2026

e. What funding stream will be used for ongoing operations and maintenance of the project?

Donations from local donors

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.

Janice Ancrum, President & CEO, Nassau County Council on Aging  
Non-profit - Building is owned by the agency and not an individual or a group.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Renovation and repairs of a 3,200 sq foot building on site to create a safe space for exercise, enrichment activities, dementia care, meals for disabled and fragile seniors. The building is owned by NCCOA but is currently inaccessible for seniors due to not being up to code to ensure their safety	1,275,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,275,000</b>

### 13. Program Performance

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



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Seniors and Caregivers will be able to age in place by receiving life-enhancing, and in many instances, life saving tools and services which will allow them to thrive.  
 This additional space will ensure seniors are not cut off from society and not declining due to loneliness and isolation. They will also receive balanced, nutritious, dietician-approved meals daily, which will keep them from being at-risk for malnutrition.

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

Congregate meals, Medicare workshops, Advance Directives (POA's Wills, etc.), Speech therapy, Occupational therapy, Physical therapy, wellness & exercise classes (fall prevention, balance, grief support, caregiver support, educational workshops, health clinics, etc.), blood pressure check-ups, educational classes, and many other services.

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

Health and well-being support, such as, but not limited to; Nutritious meals, Health check-ups, Speech therapy, Occupational therapy, Podiatry check-ups, Support groups, blood pressure check-ups, educational workshops, peer-to-peer socialization and many more

ALL OF THE ABOVE IN "B"

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

Seniors, caregivers and their families. There will be more than 3,000 people served in the first year

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

The benefit would be seniors living longer, aging in place, healthier, happier, thriving, no longer being isolated, no longer being cut off from society, more active, more participatory, positive outlook, better Dr. checkups, and having something exciting to look forward to.  
 This outcome will be measured by the large numbers of participation from the seniors and caregivers and the majority of the seniors who will continue to come each day. Random and anonymous surveys will also be circulated with positive results.

**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?**

No longer being considered for future funding

**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



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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
- University or College
- Other (please specify)

**d. First Name**  **Last Name**



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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.*