



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3186

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This request is to support senior programs in our new Healthy Living Center, which will be the only comprehensive hub for senior services in our area.

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	30%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	575,000	70%
Total Project Costs for Fiscal Year 2025-2026	825,000	100%

8. Has this project previously received state funding? No

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? Yes

a. If yes, indicate nonrecurring amount per year.

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

Without this funding, we will have to charge seniors more for services. We would prefer fewer barriers to service, especially for those who have demonstrated financial needs.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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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	As this is a new program, we will need to hire two new positions to plan and supervise senior activities.	150,000
Expense/Equipment/Travel/Supplies/Other	During the first year of operation, we need to add furniture, supplies, and appropriate equipment to accommodate a range of specialized needs for this population, as well as funding to provide services such as communal meals at no charge to participants.	100,000
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?

To provide support and programming for older adults to keep them physically, mentally, spiritually, and social engaged, reducing social isolation, food insecurity, and sedentary lifestyles, therefore increasing their health and quality of life, allowing them to safely age in place.

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

We will provide communal meals, discussion groups, age- and condition-appropriate exercise programs, artistic and cultural activities, support groups, social activities, chronic disease intervention, therapy services, and other activities to older adults in our community.



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

All of the above services will be provided directly to citizens who are over the age of 65 without regard to their ability to pay. Some of the services will be provided free of charge through grants and charitable support. Other activities will be subsidized according to need.

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

The target population includes elderly residents of our service area, including those who have poor mental and physical health, those who are socially isolated, physically disabled or managing chronic diseases, and those who are economically disadvantaged. We expect this project to serve approximately 1,500 citizens in its first year.

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

To improve the quality of life for older adults and their families. That older adults will be able to age in place in our community with a higher quality of life, that they will feel healthier, more satisfied, engaged, safe, and cared for throughout their lives.

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?

Failure to meet deliverables will result in the inability to obtain full funding for this project or the repayment of funds already received. Participant and community surveys, including from third parties

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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



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- 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**

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.