



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3313

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The requested funds will allow for the continued operation of the Frank P. Toppino Poinciana Gardens Senior Living Complex, a 106 unit, 3-tiered affordable senior living community with 29 independent living apartments on the first floor, 31 fully supported independent living apartments on the second floor, and 46 licensed assisted living units on the third floor, and the continued employment of over 20 employees. The property is owned and operated by the Housing Authority of the City of Key West, Florida (the KWAH).

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	900,000
Fixed Capital Outlay	0
Total State Funds Requested	900,000

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)	900,000	23%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	900,000	23%
Other	2,100,000	54%
Total Project Costs for Fiscal Year 2025-2026	3,900,000	100%

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.

N/A



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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	The funds will be used to help pay the salaries and benefits of 23 members of the support staff that provide resident care and kitchen staff that provide nutritious meals for the residents on the second and third floors. This includes healthcare professionals, cooks, waiters, housekeepers, & maintenance staff.	750,000
Expense/Equipment/Travel/Supplies/Other	Maintenance personnel's primary focus is to ensure that our facility remains ADA compliant, orderly, and safe for our elderly and disabled residents. Maintenance of the building, including cleaning, painting, appliance repairs & replacements, plumbing & electrical repairs, roof repairs, elevator maintenance, inspections, & repairs, etcetera.	150,000
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)		900,000

13. Program Performance

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



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

The activities and services that will be provided are affordable housing for up to 106 households including advanced care for elderly and disabled residents occupying the assisted living floor (third floor) of Poinciana Gardens.

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

The direct services to be provided to the citizens is access to a local quality affordable housing complex with an assisted living facility on the third floor where they or their loved ones can live and obtain the advanced care they may need at subsidized rates that are affordable.

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 elderly persons, near-elderly persons, persons with poor mental health, persons with poor physical health, developmentally disabled persons, and physically disabled persons.

The ALF is licensed for 58-beds.

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

Poinciana Gardens plays a crucial role in improving the physical and mental health of its residents by offering a range of services and support that addresses its residents' unique needs, including providing healthy meals and nutrition, exercise classes, medication management, medical care coordination, fall prevention, and a range of social activities that help its residents stay active and engaged including communal dining, group outings, games, BINGO!, arts and crafts, exercise classes, and other various fitness programs. The method for measuring the level of benefit of services is a case-by-case collaborative effort between the resident and their medical care providers, family members, and the Resident Care Director.

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?

Standard contract penalties.

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) Public Housing Authority

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.