



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 2139

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

Key pillars are:

- Pillar 1 - Health & Physical Wellness: Fitness/aquatics/dancing/yoga/strength training/coordination classes
- Pillar 2 - Cognitive & Creative Engagement: Brain games, memory workshops, art & music classes, educational lectures & cultural day trips
- Pillar 3 - Emotional & Social Well-Being: Life coaching, happiness, emotional intelligence, coping skills & mindfulness workshops; support groups to improve mental health & reduce isolation
- Pillar 4 - Life Skills & Independence: Technology, scam awareness, online safety, cooking & home organization classes

By providing structured, engaging programming, AIPWI helps seniors age in place safely, supports working caregivers, and strengthens the community by promoting wellness & lifelong learning. Activities enhance participants' physical/mental health, cultural engagement, cognitive skills & independence while fostering social connection.

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

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	265,000
Fixed Capital Outlay	0
Total State Funds Requested	265,000

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	265,000	58%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	167,292	37%
Local	25,000	5%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	457,292	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.



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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	Senior Department Coordinator (50%) AIPWI (Aging in Place Wellness Initiative) Coordinator Health and Physical Wellness (HPW) Instructors (based on 3 classes/day, 6 days/week x 48 weeks) Cognitive & Creative Engagement (CCE) Instructors (based on 1 class/day, 5 days/week x 48 weeks)	182,400
Expense/Equipment/Travel/Supplies/Other	Supplies include: mats, bands, weights, balls, aquasize gear, gloves, arts/ crafts, brain game kits, cooking equipment, food, life skills, calculators, calendars Tech equipment: ipads/laptops/headphones AIPWI Uniform/Gear Senior Trip Transportation (ex: Theater, Mall, Groceries, Restaurants); includes gas for use of DPJCC Van	52,200
Consultants/Contracted Services/Study	Geriatric Care Managers and/or Senior Life Coaches (2 times/week, for 48 weeks) Nutritionist(s) (2 times/week, for 48 weeks) Senior Trip Transportation (ex: Theater, Mall, Groceries, Restaurants) – Driver expenses for use of DPJCC Van	30,400



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Fixed Capital Construction/Major Renovation:	
Construction/Renovation/Land/ Planning Engineering	0
Total State Funds Requested (must equal total from question #6)	265,000

13. Program Performance

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

The David Posnack JCC (DPJCC) Aging in Place Wellness Initiative expands vital services for senior adults in Broward, Miami-Dade and Palm Beach counties. The Wellness Initiative is based on four pillars:

- Health & Physical Wellness
- Cognitive & Creative Engagement
- Emotional & Social Well-Being
- Life Skills & Independence

The program pillars enhance quality of life, promote healthier, longer lives, reducing long-term healthcare costs for the state, and support caregivers.

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

Pillar 1: Fitness, dance, aquatics classes to boost mobility, coordination, strength & overall health
 Pillar 2: Brain games, educational workshops & day trips to spark mental function & creativity
 Pillar 3: Life coaching, mindfulness, emotional intelligence classes/support groups for mental health & connection
 Pillar 4: Technology, safety, cooking, home organization classes to support independence

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

Pillar 1: Chair Yoga, Line Dancing, Aqua Agility & Core, Strength Training
 Pillar 2: Memory & Puzzle Workshops, Art & Music Classes, Author Lectures, Museums & Theatre Trips
 Pillar 3: Emotional Agility, Art of Happiness, Joy Through Music/Memory
 Pillar 4: Online Safety & Scam Awareness, Smartphone Confidence, Healthy Cooking for One, Safe & Smart Spaces, Digital Declutter, Memory Lane Makeover

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

AIPWI primarily serves older senior adults residing in Broward, Miami-Dade, and Palm Beach counties, with a focus on seniors ages 60 and above, including those experiencing cognitive decline, dementia, or Alzheimer's. The program also indirectly serves caregivers, adults ages 45–65, who are balancing work and caregiving responsibilities. Participants include both full-time residents and seasonal residents ("snowbirds") who seek engaging wellness, educational, and social programs.

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

AIPWI will deliver multiple benefits for seniors:

- Improved physical health through fitness/dancing/aquatics classes
- Improved mental health and emotional well-being via life coaching & support programs
- Enriched cultural experiences through art, music, lectures & day trips
- Increased tourism and local economic activity through trips & community engagement
- Immediate job opportunities by employing coordinators, instructors, and support staff
- Strengthen seniors' economic self-sufficiency through practical life skills and technology training, supporting independence and reducing reliance on external assistance
- Enhance caregivers' well-being by reducing burden and stress, caregivers support groups

Outcomes will be measured through a combination of program surveys, standardized assessments for physical/mental health, participation tracking in classes/trips and follow-up evaluations to assess skill retention, independence & overall satisfaction.

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?



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Withholding of funds.

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
- 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.



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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

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