

**LFIR # 1067** 

Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (yyyy-yy)  Is future funding lil a. If yes, indicate n	e amount of this requested (from quested (from quested (from quested example))  s for Fiscal Year 20  eviously received  Amount of this requested eviously received example.	estion #6)  uest)  024-2025  state funding?  ount  Nonrecurring  ed?	Amount 925,714  0 0 0 200,000 1,125,714  No  Specific	Percentage	ect)
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro	e amount of this requested (from quested (from quested (from quested example))  s for Fiscal Year 20  eviously received  Amount of this requested eviously received  Recurring	estion #6)  uest)  024-2025  state funding?  ount  Nonrecurring	Amount 925,714  0 0 0 200,000 1,125,714  No  Specific Appropriation #	Percentage  82%  0%  0%  0%  18%  100%	ect)
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro	e amount of this requested (from quested (from quested (from quested from quested f	estion #6)  uest)  024-2025  state funding?	Amount 925,714  0 0 0 200,000 1,125,714  No  Specific	Percentage  82%  0%  0%  0%  18%  100%	ect)
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro	e amount of this requested (from quested (from quested (from quested from quested f	estion #6)  uest)  024-2025  state funding?	Amount 925,714  0 0 0 200,000 1,125,714  No  Specific	Percentage  82%  0%  0%  0%  18%  100%	ect)
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro	e amount of this requested (from quested (from quested (from quested from quested f	uest) 024-2025 state funding?	Amount 925,714  0 0 0 200,000 1,125,714  No  Specific	Percentage  82%  0%  0%  0%  18%  100%	ect)
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs	e amount of this requested (from que	estion #6)  uest)  024-2025	Amount 925,714  0 0 200,000 1,125,714	Percentage 82% 0% 0% 0% 18%	ect)
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	equested (from que	estion #6) uest)	Amount 925,714  0 0 0 200,000	Percentage 82% 0% 0% 0% 18%	ect)
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	equested (from que	estion #6) uest)	Amount 925,714  0 0 0 200,000	Percentage 82% 0% 0% 0% 18%	ect)
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	Lequested (from que	estion #6)	Amount 925,714 0 0 0	Percentage 82% 0% 0% 0%	ect)
Type of Funding Total State Funds R Matching Funds Federal State (excluding the	Lequested (from que	estion #6)	925,714 0 0	Percentage 82% 0% 0%	ect)
Type of Funding Total State Funds R Matching Funds Federal	Lequested (from que	estion #6)	Amount 925,714	Percentage 82% 0%	ect)
Type of Funding Total State Funds R Matching Funds		,	Amount 925,714	Percentage 82%	ect)
Type of Funding		,	Amount	Percentage	ect)
•	for Fiscal Year 202	24-2025 (Iliciudii			ect)
Total Project Cost f	for Fiscal Year 202	24-2025 (Includii	ng matching funds avai	lable for this proje	ect)
Type of Funding Operations Fixed Capital Outlay Total State Funds	Requested	24 2025 (includin	Amou	925,714 <b>925,714</b>	
Amount of the Non		t for Fiscal Year	2024-2025		
State Agency to red State Agency conta	•	unds Agend	cy for Persons with Disab	ilities	
disabilities (I/DD), el Community of Polk ( Adult Day Training ( place during a natur	nsuring their safety. County respectfully (ADT) program and al disaster. This fur fficient fuel to susta	, well-being, and requests \$925,7 four community l nding will be used	inclusion within our comprise to implement a comprise to implement a comprise to implement to allow to design, procure, and ours, as well as to upgrad	munities. For this re rehensive disaster in low the people we so install new 100 KW	eason, Sunrise resilience project at upport to shelter in V Impact Rated
Project/Program Do	<u> </u>	dedicated to enha	ancing the lives of individ	uals with intellectua	al and development:
·	11/06/2023				
Date of Request	Concorr Burton				
•	Colleen Burton				
Senate Sponsor	I/DD Colleen Burton				



**LFIR # 1067** 

Υ	es	

11. Status of Construction

If yes, indicate the amount of funds received and what the funds were used for.

Sunrise Community, Inc. has received an entity total amount of \$3,565,836 in ARPA funds through 2023. The funds were mainly used to recruit and maintain employees through wage increases, bonuses, employee appreciation, fringe benefits, and training. We also used some of the expenses on job advertisements and PPE.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the current phase of the project?						
<b>⊙</b> Pla	nning	O Design	Construction	O N/A		
b. Is the project "shovel ready" (i.e permitted)?				No		

d. What is the estimated completion date of construction?

c. What is the estimated start date of construction?

01/31/2026

09/01/2024

12. 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.

Regional Properties, Inc. a 501(c)3 non-profit corporation, and related party to Sunrise Community, Inc., a 501(c)3 non-profit corporation is the owner of the facility. Sunrise Community, Inc. leases, manages, and maintains the property from Regional Properties, Inc. for the sole purpose of using the facility for individuals with intellectual and developmental disabilities.

#### 13. 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: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Scope of work to include installation of 1 generator for an Adult Day Training program and 4 generators for community based group homes, hardening of windows and doors for hurricane impact at Adult Day Training program and four community based group homes, permits, and project and management fees.	925,714
Total State Funds Requested (m	ust equal total from question #6)	925,714



**LFIR # 1067** 

#### 14. Program Performance

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

Sunrise Community of Polk County will implement a comprehensive disaster resilience project at our Adult Day Training program. This funding will be used to design, procure, and install a new 100 KW Impact Rated Generator, with sufficient fuel to sustain it for 96 hours, as well as to upgrade this location with impact windows and doors.

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

The installation of this much needed generator will ensure the safety of the people we serve, individuals with intellectual and developmental disabilities, allowing Sunrise to comply with the emergency rule that states the facility must remain at a comfortable, ambient temperature of 80 degrees or less for a period of 96 hours or more in the event of loss of electrical power. Hardening the doors and windows of the Adult Day Training program and community homes with appropriate safety measure provides the people we support with a protective and supportive setting allowing them to shelter in place.

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

The health and safety of the people we serve is critical. Many of our residents are non-ambulatory and medically fragile. During a power outage, medications that must be refrigerated may be compromised. Appliances such as freezers and refrigerators need to be kept running to maintain food products necessary to provide daily meals to the residents over a prolonged period of time (specifically those with strict dietary requirements).

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

Sunrise is one of the largest non-profit organizations in the State of Florida dedicated to serving people with intellectual and developmental disabilities (Autism, Cerebral Palsy, Down Syndrome, Muscular Dystrophy, etc.). Many of the people supported by Sunrise are non-ambulatory (unable to walk but may be mobile with the help of a wheelchair or other mobility devices) and medically fragile. Protecting our residents and staff during a power outage or natural disaster will provide a sense of security that will mitigate high levels of anxiety and confusion for the people we serve.

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

The residents of Sunrise are people with intellectual and developmental disabilities who often have difficult times adjusting to drastic changes in their environments, such as moving to an emergency shelter alongside the general public. Allowing the people we serve to shelter in place in an environment they are comfortable and familiar with will help prevent anxiety and confusion of displacement. Medical and personnel staff monitoring of behaviors and anxiety levels during and following the shelter in place event.

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 the contract?

The funding would be returned to the state.	

15. Requester Contac	t Information				
a. First Name	Zachary	Last Name	Wray		
b. Organization	Sunrise Community Inc. and Sunrise Community of Polk County				
c. E-mail Address	ZWray@SunriseGroup.org				
d. Phone Number	(305)273-3011	Ext.	13011		
16. Recipient Contact	Information				
a. Organization	Sunrise Community Inc. and Sunrise Community of Polk County				
h Municipality and	d County Polk				



**LFIR # 1067** 

c. Organization Ty	ре			
□For Profit Entity				
☑Non Profit 501(c	2)(3)			
□Non Profit 501(c	:)(4)			
□Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Zachary	Last Name	Wray	
e. E-mail Address	ZWray@SunriseGroup.or	g		
f. Phone Number	(305)273-3011			
17. Lobbyist Contact I	nformation			
a. Name	Mary Kim McDougal			
b. Firm Name	GrayRobinson PA			
c. E-mail Address	kim.mcdougal@gray-robi	nson.com		