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The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 1273

. Project Title	Sunrise Community of Northeast Florida - Shelter-In-Place for Individuals with I/DD

2. Senate Sponsor Tom Wright

3. Date of Request 11/16/2023

4. Project/Program Description

Sunrise Community of Northeast Florida is dedicated to enhancing the lives of individuals with intellectual and developmental disabilities (I/DD), ensuring their safety, well-being, and inclusion within our communities. For this reason, Sunrise Community of Northeast Florida respectfully requests \$464,538 to implement a comprehensive disaster resilience project at our Adult Day Training program in Daytona Beach to allow the people we support to shelter in place during a natural disaster. 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 hurricane impact windows and doors.

5. State Agency to receive requested funds

Agency for Persons with Disabilities

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	464,538
Total State Funds Requested	464,538

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	464,538	70%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	0	0%	
Other	200,000	30%	
Total Project Costs for Fiscal Year 2024-2025	664,538	100%	

8. Has this project previously received state funding? No

Ν	0	

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		

9. Is future funding likely to be requested?

No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be use	ed in lieu of state funding.
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

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

Sunrise Community, Inc. and affiliates have 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

Construction

11. Status of Construction

Planning

a. What is the current phase of the project?

O Design

b. Is the project "shovel ready" (i.e permitted)?	No
c. What is the estimated start date of construction?	09/01/2024
d. What is the estimated completion date of construction?	01/31/2026

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 of Northeast FL 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.

N/A

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 a generator, hardening of windows and doors for hurricane impact at Adult Day Training program, permits, and project and management fees.	464,538
Total State Funds Requested (m	ust equal total from question #6)	464,538

14. Program Performance



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

Sunrise Community of Northeast Florida will implement a comprehensive disaster resilience project at our Daytona Beach 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 hurricane 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 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 Contact Information

a. First Name	Zachary	Last Name	Wray
b. Organization	Sunrise Community of No	rtheast Florid	da, Inc.
c. E-mail Address	ZWray@SunriseGroup.or	g	
d. Phone Number	(305)273-3011	Ext.	13011

16. Recipient Contact Information

a. Organization Sunrise Community of Northeast Florida, Inc.

b. Municipality and County Volusia

c. Organization Type



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□For Profit Entity						
☑Non Profit 501(c	☑Non Profit 501(c)(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 Information						
a. Name	Mary Kim McDougal					
b. Firm Name	GrayRobinson PA					
c. E-mail Address	kim.mcdougal@gray-robi	nson.com				
d. Phone Number	(850)577-9090					