



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2239

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The City of Lauderdale Lakes is seeking funding to support individuals diagnosed with Alzheimer's disease and their caregivers while promoting health and wellness for seniors to combat dementia and other health-related disorders. The methodology to measure the outcomes includes increasing services for seniors, reducing the number of seniors placed in nursing homes, and enhancing physical and mental health.

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	150,000
Fixed Capital Outlay	101,449
<b>Total State Funds Requested</b>	<b>251,449</b>

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)	251,449	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	251,449	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>502,898</b>	<b>100%</b>

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		
2024-25	0	251,449	406A	No

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**



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#### 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)?

Yes

##### c. What is the estimated start date of construction?

06/1/2025

##### d. What is the estimated completion date of construction?

06/30/2026

##### e. What funding stream will be used for ongoing operations and maintenance of the project?

Other funding sources

#### 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.

Local Government, City of Lauderdale Lakes

#### 12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Specialized medical equipment, adaptive devices (electronic or non-electronic), nutritional supplements, beside commodes and other rehabilitative devices, equipment and supplies to assist with their activities of daily living. Activities supplies for programs such as art, music, horticulture, social outings and other programs	100,000
Consultants/Contracted Services/Study	Mental Health Screenings. Therapeutic Activities Instructor such as art, music, and other therapeutic programs. Professional/licensed counseling services and education for caregivers/persons with Alzheimer's disease and other related health conditions. In facility respite care as needed.	50,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Phase 2 of the renovations will focus on safety enhancements and ensuring compliance with ADA and ACHA requirements for the building.	101,449
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>251,449</b>

#### 13. Program Performance

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



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The requested funds will be used to enhance health and wellness programs for caregivers and seniors, focusing on combating Alzheimer's disease, dementia, and other health-related disorders. This includes expanding exercise programs, nutrition initiatives, mental health support, and therapeutic activities.

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

The City of Lauderdale Lakes will provide activities and services aimed at enhancing the quality of life for individuals with Alzheimer's disease, as well as their caregivers and other seniors. These initiatives will focus on promoting health and wellness to combat dementia and other health-related disorders. Planned activities and services include exercise programs, nutritional education, mental health support, therapeutic activities, and caregiver assistance programs.

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

Expanding exercise programs, nutrition initiatives, mental health support, and therapeutic activities.

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

Our target population is the general public. This will improve the quality of life to a family as a whole. Our location is expected to serve 50 - 100 people.

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

The utilization of the program to provide services will reduce the need for nursing home placement, thereby improving the physical health and well-being of clients and caregivers and seniors.

**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?**

Failing to meet deliverable could diminish the added value to client and caregivers.

**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:**



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**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)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**  **Ext.**

**19. Lobbyist Contact Information**

**a. Name**



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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.*