

1. Project Title

2. Senate Sponsor

The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

Sunrise Community Shelter Expansion and Facility Renovation

Ana Maria Rodriguez

LFIR # 1007

3. Date of Request	10/15/2025					
4. Project/Program D	escription					
during emergency s modernized kitchen	situations requiring s will be capable of p	helter. The kitcher roducing 324 spec	litating the number of a renovation modernize idized meals, 50+ standard production of requ	es a 50 year old indu ff meals and 216 sn	ustrial kitchen. The acks per dav. supply	
5. State Agency to re	ceive requested fu	nds Agency	for Persons with Disal	oilities		
State Agency conta		for Figure Voor 2	026 2027			
Type of Funding	Tecurring Request	TOI FISCAI TEAT 2	Amo	unt		
Operating				0		
Fixed Capital Outlay	у		1,353,777			
Total State Funds	Requested			1,353,777		
Type of Funding	for Fiscal Year 202	6-2027 (including	matching funds ava	Percentage	ect)	
	Requested (from que	stion #6)	1,353,777	50%		
Matching Funds			· , , , , , , , , , , , , , , , , , , ,			
Federal			0	0%		
State (excluding the	e amount of this requ	iest)	0	0%		
Local			0	0%		
Other			1,353,777	50%		
Total Project Costs	s for Fiscal Year 20	26-2027	2,707,554	100%		
8. Has this project pr If yes, provide the	•	•	Yes			
Fiscal Year (уууу-уу)	Amo Recurring	ount Nonrecurring	Specific Appropriation #	Vetoed		
2025-26	0	1,471,41	0 243B	Yes		
9. Is future-year fund	ing likely to be req		No			
a. If yes, indicate n	nonrecurring amou	nt per year.				
b. Describe the so	urce of funding tha	nt can be used in	lieu of state funding.			



1

The Florida Senate **Local Funding Initiative Request Fiscal Year 2026-2027**

LFIR # 1007

10.	Status	of Co	nstruction
-----	--------	-------	------------

a. What is the cu	ırrent phase of tl	ne project?			
Planning	O Design	○ Construction ○ N/	'A		
b. Is the project	b. Is the project "shovel ready" (i.e permitted)?				
c. What is the estimated start date of construction?			09/01/2026		
d. What is the es	stimated complet	tion date of construction?	08/01/2028		
e. What funding	stream will be us	sed for ongoing operations	s and maintenance	of the project?	
Capital Budget					
		o receive, directly or indire is of the facility and the en		al outlay funding.	Include the
Sunrise Comm	unity Inc., leases,	manages, and maintains the	e property.		
2. Details on how	the requested st	ate funds will be expended	I		

12

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		0	
Expense/Equipment/Travel/Supplies/ Other		0	
Consultants/Contracted Services/Study		0	
Fixed Capital Construction/Majo	or Renovation:		
Construction/Renovation/Land/ Planning Engineering	Demolition of the 50 year old kitchen, removing all fixtures and appliances, and constructing a fully upgraded commercial kitchen. This includes commercial storage durable, high-quality counter-tops, and high-efficiency commercial grade appliances such as a new stove, refrigerator, and dishwasher.	1,353,777	
Total State Funds Requested (must equal total from question #6)			

13. Program Performance

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

The funds will expand emergency shelter capacity by facilitating the number of meals prepared on a daily basis and during emergency situations requiring shelter. The modernized kitchen will be capable of producing 324 specialized meals, 50+ staff meals and 216 snacks per day, supply storage, and diverse dietary needs. This will ensure production of required meals during daily operations in case of a natural or man made disaster.

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



The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

LFIR # 1007

This project will focus on a person-centered individualized approach to health and wellness that will benefit people with intellectual, physical and development disabilities. These services encompass specialized diet plans, meal preparation, health and wellness monitoring, and at least 2 weeks of emergency supplies and meals in case of a natural or man made disaster.

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

This project will focus on a person-centered individualized approach to health and wellness that will benefit people with intellectual, physical and development disabilities. These services encompass specialized diet plans, meal preparation, health and wellness monitoring, and at least 2 weeks of emergency supplies and meals in case of a natural or man made disaster.

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

The project serves people with intellectual, physical and developmental disabilities, those with dietary restrictions (diabetes, cardiac, renal, gastrointestinal issues, allergies), and the staff supporting them. It directly benefits over 100+ individuals by providing therapeutic meals, snacks, and supplements. Within that number, approximately 35 of our residents require feeding tube nutrition. This project will also provide nutritional services to the Eureka Day Program with daily meal and supply services along with on demand dietary support to other Sunrise Community homes across South Florida. Persons supported include elderly persons, persons with poor mental health, medically fragile, and children and adults with intellectual and developmental disabilities.

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

The expected benefits include documentation of improved nutrition, education on health and wellness, culinary classes, education on good eating habits and enhanced safety measures to include: Stable blood sugars and blood pressure, healthy resting heart rate, cholesterol levels and weight ranges, positive emotions, sense of purpose, connections to others, increased independence and community integration, and expanded cultural experiences through food.

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?

10	r failing to meet deliverables or performance measures provided for in the contract?					
F	Funding may be returned to the state.					
4. Is	this project related to mitigation, response, or recovery from a natural disaster? No					
a. If	f 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 infastructure)					
b. N	Name of the natural disaster (or Executive Order # for events not under a federal declaration):					
5. Ha	as 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#:



The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

LFIR # 1007

b. Provide the total	project c	ost listed on the	e FEMA proj	ect worksheet:	
6. Has the entity app	lied for o	r received state	assistance	for this project (other the	nan this request)?
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends t	o apply				
a. If yes, specify th Commerce):	e progran	n and state ager	ncy (ex. Loca	al Government Emerge	ncy Bridge Loan, Departme
7. Requester Contac	t Informat	ion	-		
a. First Name	Zachary		Last Name	Wray	
b. Organization	Sunrise (Community, Inc.			
c. E-mail Address	zwray@s	zwray@sunrisegroup.org			
d. Phone Number	(305)273	-3011	Ext.		
3. Recipient Contact	Informati	on			
a. Organization		Community, Inc.			
b. Municipality and	d County	Miami-Dade			
c. Organization Ty	pe				
□For Profit Entity					
☑Non Profit 501(d	c)(3)				
□Non Profit 501(d	c)(4)				
□Local Entity					
□University or Co	llege				
☐Other (please sp	· ·				
d. First Name	Zachary		Last Name	Wray	
e. E-mail Address		sunrisegroup.org			
f Phone Number			Fyt		



The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

LFIR # 1007

a. Name	Jessica F. Love	
b. Firm Name	GrayRobinson PA	
c. E-mail Address	jessica.love@gray-robinson.com	
d. Phone Number	(850)577-9090	

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