



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1012

1. Project Title Senior Cancer Support Services Program Miami-Dade County

2. Senate Sponsor Ileana Garcia

3. Date of Request 9/19/2025

4. Project/Program Description

Senior Cancer Support Services addresses the need for personal care assistance at-home for cancer patients ages 60+ experiencing the debilitating effects of cancer treatment, including chemotherapy, radiation, and surgery. These seniors do not qualify for Medicaid LTC, and their needs are not covered by Medicare or other insurance plans, however, they require assistance with activities they can no longer perform independently due to the fatigue and effects of cancer treatment. The personal care services, along with in-kind counseling and support will enhance their recovery and support their emotional well-being during this challenging time.

5. State Agency to receive requested funds Department of Elder Affairs

State Agency contacted? Yes

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

Type of Funding	Amount
Operating	624,000
Fixed Capital Outlay	0
Total State Funds Requested	624,000

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)	624,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	624,000	100%

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2025-26	0	624,000	386	No

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 624,000

b. Describe the source of funding that can be used in lieu of state funding.

State funds will be leveraged to draw community foundation matching funds.



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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	Counseling/Caregiver Support Groups hosted by United HomeCare (in person or virtually) will be provided In-Kind to seniors and families for their emotional well-being and to help them cope during their most vulnerable time. (IN-KIND)	0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Personal Care Home Health Services:10 hrs/wk x 26 wks x 100 clients x \$24=\$624,000. While 26 weeks is the average cancer treatment, some patients may need support for shorter or longer periods. Flexibility in service planning is essential for their recovery/overall well-being during/after treatment.	624,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		624,000

13. Program Performance

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



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The program aims to assist 100 qualified seniors undergoing cancer treatment, helping to prevent unnecessary hospitalizations and the potential for disruptions or discontinuation of treatment. It addresses the lack of home-based Personal Care Assistance for seniors who are ineligible for Medicaid Long Term Care (LTC) and lack necessary support during this challenging time. These essential services address debilitating fatigue and other side effects from chemotherapy, radiation, and surgery.

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

Every older adult participant will receive high-quality Personal Care Services when they return home after outpatient cancer treatment provided by qualified Home Health Aides all of whom have undergone AHCA Level II background screening to ensure client safety. Participants will receive ten (10) hours of personal care per week throughout their cancer treatment episode. Additionally, program participants will have the opportunity to join Counseling/Caregiver Support Groups facilitated by United HomeCare.

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

Senior Cancer Support Services program will provide qualified seniors undergoing cancer treatment with TEN (10) hours of Personal Care Services (bathing, grooming, meal preparation and light homemaker) per week during their cancer treatment episode(s). Caregiver Support Groups would be extended as an IN-KIND service to interested participants and their family.

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

The Target Population consists of older adults age 60+ not eligible for Medicaid Long Term Care (LTC) undergoing cancer treatment such as chemotherapy, radiation treatments and/or surgery as outpatients in South Florida with their principle place of residence in Miami-Dade County. A total of One Hundred (100) participants will be identified through community services agencies and Cancer Treatment Centers such as Sylvester Cancer Center/UM, Miami Cancer Institute/Baptist, Mount Sinai, Larkin Hospital, among others.

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

Provide qualified participants undergoing cancer treatment with essential support services during their recovery to assist them with their daily living activities and enhance their emotional well-being, allowing them to live safely at home throughout their treatment. To assess program outcomes, we measure the # of seniors served; prevention/delay of nursing home or assisted living placements; the reduction of unnecessary emergency room visits, hospitalizations, and re-hospitalizations; as well as the avoidance of interruptions in cancer treatment.

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?

The Program will only draw funds per Participant Enrollment into the Program with activation of service delivery. No funds will be drawn in advance.

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



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- ☐ 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.

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



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☐ 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.