

**LFIR # 1045** 

1. Project Title Eagles' Haven Wellness Center				
2. Senate Sponsor	Tina Polsky			
3. Date of Request	10/7/2025			
4. Project/Program [	Description			
intervention/counse Center that offer su Springs community	eling 7 days a week, free of pport services, wellness cla in the aftermath of the mas	ers wellness services, case management, trauma education and charge. Funding is requested to support the programs at the We asses and crisis support to the continuously grieving Parkland/Coss shooting at Marjory Stoneman Douglas High School and to oth them regain a sense of wellness and assist in their recovery.	llness ral	
5. State Agency to receive requested funds Department of Children and Families				
State Agency conf	acted? No			
	acted? No No No Necurring Request for Fis	scal Year 2026-2027		
6. Amount of the Nor		scal Year 2026-2027 Amount		
5. Amount of the Nor	nrecurring Request for Fis	Amount		

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	595,000	51%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	503,783	43%
Other	70,000	6%
Total Project Costs for Fiscal Year 2026-2027	1,168,783	100%

8. Has this project previously received state funding? If yes, provide the most recent instance:

Yes

Fiscal Year	Amo	Amount		Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2025-26	0	350,000	363	No	

9.	Is future-year	funding	likely to	be rec	uested?

Yes

a. If yes, indicate nonrecurring amount per year.

595,000

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

Private sources such as foundation grants, special events, and individual contributions.

### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**



10. Status of Construction

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

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a. Wh	at is the cu	rrent phase of t	ne project?
	Planning	O Design	○ Construction ○ N/A
b. Is t	he project "	'shovel ready" (	i.e permitted)?
c. Wh	at is the est	timated start da	te of construction?
d. Wh	nat is the est	timated comple	tion date of construction?
e. Wh	at funding	stream will be u	sed for ongoing operations and maintenance of the project?
			o receive, directly or indirectly, any fixed capital outlay funding. Include the rs 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	Program Staff (1 Director,1 Assistant Director,3 Clinical Navigators, Admin)	495,000
Expense/Equipment/Travel/Supplies/Other	Program supplies, wellness supplies, office supplies	100,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major	or Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	nust equal total from question #6)	595,000

#### 13. Program Performance

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

Funding will support programs at Eagles' Haven Wellness Center, which offers support services, wellness classes and crisis support to the continuously grieving Parkland community and others impacted by mass violence. The goal is for those impacted by mass violence to regain a sense of wellness and to be connected to support services to assist in their recovery.

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



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Eagles' Haven offers wellness activities, case management, trauma education and crisis intervention. The center is open to the community 7 days a week. The Eagles' Haven Navigators provide clinical assessment and crisis support while also linking families to needed social or therapeutic services in the community.

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

Wellness Experiences including but not limited to: Pet Therapy, Kickboxing, Exercise classes, Yoga, Tai Chi, Meditation & Mindfulness, Blender Bike Smoothie Making, Drumming Circle, Zumba, Chi Gong, Acupuncture, Aromatherapy, Relaxing with Art, Improv, Open Mic Poetry, Singing, Stretching Classes, Chair Massage, Boot Camp,

Navigating Services/Case Management: Our clinicians provide intensive, hands-on, clinical case management which includes a comprehensive care plan and appropriate referrals to needed services to assist the individual and family according to their individual needs.

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

This program targets anyone impacted by the shooting in Parkland, Florida in 2018 or other incidents of mass violence. While initially aimed at students, parents and teachers in the Parkland/Coral Springs community, the center has expanded to serve anyone suffering from trauma related to mass violence incidents.

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

The goal of the project is to improve wellness and restore hope to the Parkland community through the provision of wellness activities and support services. Objectives are as follows and are measured by care plan reviews and

- 1. 90% of clients will be linked to the appropriate services as determined during assessment and listed on their care plan
  2. 85% of clients will meet the wellness goals listed on their care plan

a. If yes, provide the FEMA project worksheet ID#:

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?

101	ialling to meet deliverables of performance measures provided for in the contract:
Sta	andard penalties including return of funds.
14. Is th	nis project related to mitigation, response, or recovery from a natural disaster? No
a. If \	es, 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. Na	me 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?
□ Y	es, Applied
□Y	es, Received
□N	0
□N	o, but intends to apply



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b. Provide the total	project cost listed on th	e FEMA proj	ect worksheet:	
I6. Has the entity app	lied for or received state	assistance	for this project (other tha	n this request)?
☐ Yes, Applied				
☐ Yes, Received				
□ No				
☐ No, but intends to	o apply			
a. If yes, specify the Commerce):	e program and state age	ncy (ex. Loc	al Government Emergend	cy Bridge Loan, Department o
7. Requester Contact	Information			7
a. First Name	Matt	Last Name		
b. Organization	Jewish Adoption and Fan	nily Care Opti	ions	]
c. E-mail Address	-			]
d. Phone Number	(954)315-8680	Ext.		
8. Recipient Contact	Information			
a. Organization	Jewish Adoption and Fan	nily Care Opti	ions	
b. Municipality and	d County Broward			
c. Organization Ty	ре			
□For Profit Entity				
☑Non Profit 501(c	c)(3)			
□Non Profit 501(c	c)(4)			
□Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Matt	Last Name	Levin	
e. E-mail Address	matt@jafco.org			
f. Phone Number	(954)315-8680	Ext.		

19. Lobbyist Contact Information



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a. Name	Ellyn Bogdanoff
b. Firm Name	Becker & Poliakoff PA
c. E-mail Address	ebogdanoff@beckerlawyers.com
d. Phone Number	(954)364-6005

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