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

LFIR # 1089

1. Project Title Holocaust Survivor Assistance Program

2. Senate Sponsor Debbie Mayfield

3. Date of Request 11/6/2025

4. Project/Program Description

Providing care-support to Holocaust survivors living in Jewish Family Services of Greater Orlando service area. Over past 15 years a significant number of survivors have moved to Central Florida. Our program provides for the health and well being of this elderly and disadvantaged population.

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	300,000
Fixed Capital Outlay	0
Total State Funds Requested	**300,000**

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)	300,000	67%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	150,000	33%
Total Project Costs for Fiscal Year 2026-2027	**450,000**	**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	300,000	386	No

9. Is future-year funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

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

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	President, Asst. Director, Comptroller, Front Office Desk, Rabbi (comprises approximately 10% overall budget)	30,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Rabbi travel expenses	1,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Case Manager	66,000
Expense/Equipment/Travel/Supplies/ Other	Laptop, Cell phone, travel expense, supplies, facility/organizational usage overhead	33,000
Consultants/Contracted Services/Study	Home Health Aids (assessments/medical care) - NonEmergency Ambulate Services	170,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		**300,000**

13. Program Performance

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

Providing care-support to Holocaust survivors living in Jewish Family Services of Greater Orlando service area. Over past 15 years a significant number of survivors have moved to Central Florida. Our program provides for the health and well being of this elderly and disadvantaged population.

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

A designated elder care professional/specialist specific to the targeted population. A contact office to coordinate assistance services. JFS is an established multi-county family services center uniquely equipped to support services of transportation, home/health/visitation care, counseling, and food assistance. Funding will go directly to services due to the systems currently operating

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

A designated specialist Case Manager (elder care professional for targeted population) as an assistance point-of-contact. Funding for specific assistance: transportation, home health/visitation care, counseling, and food assistance.

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

Holocaust survivors living in Jewish Family Services of Greater Orlando service area. Our current case load is between 21 and 50. We service clients in 8 counties: Orange, Seminole, Lake, Osceola, Polk, Brevard, Hardee, and Manatee

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

Improvement of overall health and well-being. Measurements of physical deficiencies being reduced or lessened.

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?

Return of state funding. Removal of preferred partner agency from State of Florida list.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

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 infastructure)

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:

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	Philip	**Last Name**	Flynn III
b. Organization	Jewish Family Services of Greater Orlando		
c. E-mail Address	philip.flynn@jfsorlando.org		
d. Phone Number	(407)644-7593	**Ext.**	238

18. Recipient Contact Information

a. Organization	Jewish Family Services of Greater Orlando, Inc.		
b. Municipality and County	Orange		

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	Philip	**Last Name**	Flynn III
e. E-mail Address	philip.flynn@jfsorlando.org		
f. Phone Number	(407)644-7593	**Ext.**	

19. Lobbyist Contact Information

a. Name	Christopher L. Carmody
b. Firm Name	GrayRobinson PA
c. E-mail Address	chris.carmody@gray-robinson.com
d. Phone Number	(407)843-8880

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