



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1121

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Currently, senior programming offered at Boulevard Heights Community Center is offered as a partnership with Memorial Regional Hospital with an intent to improve the mental and physical health of Broward County senior citizens. Sample programs include physical exercise and cognitive classes, Medicare and healthy lifestyle classes, and arts & crafts programming. These funds will serve to match existing programming and expand those in order to promote healthy living among a greater population.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	170,000
Fixed Capital Outlay	0
Total State Funds Requested	170,000

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)	170,000	68%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	80,000	32%
Total Project Costs for Fiscal Year 2026-2027	250,000	100%

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		
2025-26	0	170,000	386	Yes

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.

The City would look for other grant opportunities to expand senior programming to Boulevard Heights Community Center.



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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	Operational Staff; Recreation Coordinator, Recreation Aides positions. Plans and executes recreation, cultural arts and events to address the needs of the community; surveys the surrounding community to develop programs and/or activities; coordinates recreation facility programs and citywide.	100,000
Expense/Equipment/Travel/Supplies/Other	Program activities and event supplies, instructional services, trip admissions, office supplies, materials and supplies, meals and snacks, training.	40,000
Consultants/Contracted Services/Study	Contractual Instructors & Transportation (Coach Bus) Services for trips.	30,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		170,000

13. Program Performance

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



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With a growing senior population and with that, greater demand for services, the expansion of senior programming and activities at the Boulevard Heights Community Center (strategically located in the western part of the City) would offer opportunities to positively address seniors' physical, mental, emotional, social and spiritual well being.

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

The Boulevard Heights Community Center is a hub for the community, especially the City's senior population. The intent is to expand programs and activities that address seniors' physical, mental, emotional, social and spiritual well being. The funding will provide enhanced recreational and social programs ranging between educational, cultural enrichment, leisure activities, trips and tours.

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

1. Programs: Bingo, Painting with a Senior, Table Tennis, Yoga, Arts & Crafts, Stamp Club, Bridge lessons, Movie nights, ESOL, Garden Club, Technology Classes
2. Field trips: Aladdin, Cirque du Soleil, Wicked, Universal Soul Circus, Health Fairs, Luminousa Chinese Lantern Festival
3. Special Events: Fall Festival, Halloween Breakfast, Holiday Luncheon, Valentine's Day Dance, Senior Prom

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

Elderly individuals and those experiencing poor mental/physical health. The expectation is that this service will be available to up to 300 persons from the surrounding area.

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

Greater participation in social and cognitive activities, physical activities, events, and field trips. This outcome will be measured by attendance, participation, data, and surveys.

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?

Standard Contract Compliance penalties. Funding or deliverables not met will be returned to the State.

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#:



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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
- ☐ Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information



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c. E-mail Address	joseph.salzverg@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.