

LFIR # 1263

	Due is at Title	Λ - - - - - - - - - 	naiation Desir D	A Mobile Duele He - III	leitieti .e	
1.	Project Title	Alzneimer's Asso	ociation Brain Bus:	A Mobile Brain Health	ı ınıtıatıve	
2.	Senate Sponsor	Tom Wright				
3.	Date of Request	11/20/2025				
4.	Project/Program D	escription				
	disease and related	dementias. By focueduce burden, impro	sing on community we health outcome	educate the general por education of healthy s, and promote health hities statewide.	habits and early def	tection, we are
5	State Agency to re	ceive requested fu	nds Departm	ent of Elder Affairs		
	State Agency conta	_	Пиз Верагип	CITE OF EIGCI AII all 3		
6	Amount of the Non	recurring Request	for Fiscal Year 20	26-2027		
	Type of Funding			Amo	unt	
	Operating				600,000	
	Fixed Capital Outlay	У			0	
	Total State Funds	Requested		600,000		
7. ⁻	Total Project Cost f	for Fiscal Year 202	6-2027 (including	matching funds ava	ilable for this proje	ect)
					<u> </u>	•
	Type of Funding			Amount	Percentage	,
	Total State Funds R	Requested (from que	estion #6)		Percentage 100%	ŕ
	Total State Funds R Matching Funds	Requested (from que	estion #6)	Amount 600,000	100%	,
	Total State Funds R Matching Funds Federal			Amount 600,000	100%	,
	Total State Funds R Matching Funds Federal State (excluding the			Amount 600,000	100% 0% 0%	,
	Total State Funds R Matching Funds Federal State (excluding the Local			Amount 600,000 0 0	100% 0% 0% 0%	,
	Total State Funds R Matching Funds Federal State (excluding the Local Other	amount of this requ	uest)	Amount 600,000 0 0 0	100% 0% 0% 0% 0%	
	Total State Funds R Matching Funds Federal State (excluding the Local	amount of this requ	uest)	Amount 600,000 0 0	100% 0% 0% 0%	
8.	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr	e amount of this requestions and a second se	uest) 026-2027 state funding?	Amount 600,000 0 0 0	100% 0% 0% 0% 0%	
8.	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the	s for Fiscal Year 20 eviously received s most recent instan	puest) 026-2027 state funding? nce:	Amount 600,000 0 0 0 0 0 7 600,000	100% 0% 0% 0% 0% 100%	
8.	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the	e amount of this request for Fiscal Year 20 eviously received a most recent instan	puest) 226-2027 state funding? nce:	Amount 600,000 0 0 0 0 0 7es	100% 0% 0% 0% 0%	
8.	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the Fiscal Year (yyyy-yy)	e amount of this request for Fiscal Year 20 eviously received smost recent instandant Recurring	puest) D26-2027 State funding? nce: Dunt Nonrecurring	Amount 600,000 0 0 0 0 600,000 Yes Specific Appropriation #	100% 0% 0% 0% 100%	
8.	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the	e amount of this request for Fiscal Year 20 eviously received a most recent instan	puest) 226-2027 state funding? nce:	Amount 600,000 0 0 0 0 600,000 Yes Specific Appropriation #	100% 0% 0% 0% 0% 100%	
	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the Fiscal Year (yyyy-yy)	e amount of this requests for Fiscal Year 20 eviously received a most recent instandard Recurring	puest) 226-2027 state funding? nce: Nonrecurring 491,614	Amount 600,000 0 0 0 0 600,000 Yes Specific Appropriation #	100% 0% 0% 0% 100%	
	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the Fiscal Year (yyyy-yy) 2025-26	e amount of this requests for Fiscal Year 20 seviously received seviously received seviously recent instandard Amount Recurring 0 sing likely to be requested.	state funding? nce: Nonrecurring 491,614	Amount 600,000 0 0 0 600,000 Yes Specific Appropriation # 383	100% 0% 0% 0% 100%	
	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the Fiscal Year (yyyy-yy) 2025-26 Is future-year fund a. If yes, indicate n	e amount of this request for Fiscal Year 20 eviously received a most recent instandard Recurring 0 ing likely to be requested amount of this requested and the first of the fi	state funding? nce: Nonrecurring 491,614 uested? nt per year.	Amount 600,000 0 0 0 600,000 Yes Specific Appropriation # 383	100% 0% 0% 0% 100%	
	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the Fiscal Year (yyyy-yy) 2025-26 Is future-year fund a. If yes, indicate n	e amount of this request for Fiscal Year 20 eviously received a most recent instandard Recurring 0 ing likely to be requested amount of this requested and the first of the fi	state funding? nce: Nonrecurring 491,614 uested? nt per year.	Amount 600,000 0 0 0 600,000 Yes Specific Appropriation # 383 Yes 600,000	100% 0% 0% 0% 100%	



10. Status of Construction

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

LFIR # 1263

a. What is the c	urrent phase of t	the project?					
Planning	O Design	Construction	O N/A				
b. Is the project	"shovel ready"	(i.e permitted)?					
c. What is the e	stimated start da	ate of construction?					
d. What is the e	stimated comple	etion date of constru	ction?				
e. What funding stream will be used for ongoing operations and maintenance of the project?							
		o receive, directly or ers of the facility and			apital outlay	funding. Include	the

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	Funds will be utilized for administrative activities that support programs, projects and other activities including, but not limited to general administrative, accounting and budget, development activities, as well as cost associated with rent communications, office supplies, maintenance, postage and other expenses.	138,461
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Salary and benefits of staff directly working with the planning, scheduling, driving of the Brain Bus van and RV, and execution of the Brain Bus programming.	356,184
Expense/Equipment/Travel/Supplies/ Other	Funds to be utilized to cover the costs associated with event registration fees, fuel, maintenance, meals, and lodging associated with providing services for the program.	105,355
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)	600,000

13. Program Performance

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



LFIR # 1263

The primary goal of the Brain Bus: A Mobile Brain Health Initiative is to educate all Floridians about how to reduce their risk of developing Alzheimer's and other dementias. We also provide outreach to support to individuals who need resources. Additionally, this is a proven program that completed 351 stops in FY24 and served over 20,000 people.

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

We will accomplish 400 stops with these funds. We will inform individuals about a variety of educational topics including risk reduction, early warning signs, the benefits of early detection, local resources, research and information about diagnostic centers.

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

The Brain Bus: A Mobile Brain Health Initiative will provide in-person "stops" and limited virtual "stops". The stops are primarily completed by Brain Bus drivers by utilizing the RV & van; however, if multiple events occur throughout the state at the same time, other Association staff such as Program Managers, will be utilized to ensure that needs are being met and all communities are served.

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

The target population is Floridians 18 and older. The services of the Brain Bus are open to all Floridan's who need services, and always free of charge. Over the course of one year, 400 stops will be made across the State of Florida providing information and services to thousands of Floridians.

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

Visitors will gain knowledge about the importance of brain health, the warning signs of Alzheimer's and the benefits of an early diagnosis. Visitors will also gain knowledge about local resources and Alzheimer's Association provided services. Individuals who visit the program will receive rack cards and have the ability to speak with knowledgeable Association team members.

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?

Revocation of funds. Also, the program is monitored annually by the Area Agency on Aging of Southwest Florida which provides any necessary corrective actions.

V	which provides any necessary corrective actions.
14. Is	s 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. H	as the entity applied for or received federal assistance for this project?
	l Yes, Applied
	l Yes, Received
	l No
	No, but intends to apply



LFIR # 1263

a. If yes, provide th	e FEMA p	project workshe	et ID#:		
b. Provide the total	project c	ost listed on the	e FEMA proj	ect worksheet:	
16. Has the entity app	lied for o	r received state	assistance t	for this project (other tha	nn this request)?
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends to	o apply				
a. If yes, specify the Commerce): 17. Requester Contact			ncy (ex. Loca	al Government Emergen	cy Bridge Loan, Department
a. First Name	Angela		Last Name	Johnson	
b. Organization	Alzheime	er's Association			
c. E-mail Address	adjohnso	n@alz.org	_		
d. Phone Number	(727)458	-4946	Ext.		
18. Recipient Contact	Informati	on			
a. Organization	Alzheime	er's Association			
b. Municipality and	d County	Statewide			
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	oecify)				
d. First Name	Angela		Last Name	Johnson	
e. E-mail Address		n@alz.org	_		
f. Phone Number	(727)458	s-4946	Ext.		



LFIR # 1263

19. Lobbyist	Contact	Inform	nation
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a. Name	Andrew T. Ketchel	
b. Firm Name	Capital City Consulting LLC	
c. E-mail Address	andrew@cccfla.com	
d. Phone Number	(850)222-9075	

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