



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1624

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Improving senior's access to healthcare, health and wellness activities, individual and group counseling, nutrition, recreation and socialization by offering additional transportation during the week and weekends. Providing daily breakfast and a weekend take away meal to improve senior's overall physical health outcomes through nutrition.

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	300,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>300,000</b>

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	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	300,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>600,000</b>	<b>100%</b>

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	300,000	386	No

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.

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

10. Status of Construction



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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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Salary/benefits for additional drivers to transport seniors, utilizing existing vans/buses, to and from the senior centers as well as to physician appointments, prescription pickup and grocery shopping trips.	43,000
Expense/Equipment/Travel/Supplies/Other	Additional services to include doctor visits/medical appointments, e.g., dialysis. (3749 trips @ \$20.00/trip)	74,980
Consultants/Contracted Services/Study	Congregate Meals (CNML): Daily breakfast for senior center participants. (95/day x 250 services @ \$6.00/ea) = 142,500 Weekend Take-Away meal (95/day x 52 weeks @ \$8.00/ea) = 39,520	182,020
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>300,000</b>

13. Program Performance

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

Funding will grant seniors increased access to medical care, socialization, congregate meal sites, and local outings by offering extended transportation options during the week and weekends. Senior's overall health outcomes will improve by providing a balanced daily breakfast and a weekend take away meal.

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



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Transportation services to Congregate meals sites, to and from medical appointments (including dialysis appointments), prescription drug pickup/delivery, shopping, and community outings. Daily breakfast and a weekend take away meal will be provided in addition to health and wellness activities, individual and group counseling, nutrition education, recreation and socialization.

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

Transportation to access healthcare, health and wellness, individual and group counseling, nutrition, recreation and socialization. Daily breakfast and a weekend take away meal will be provided.

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

Low-income, frail elders 60 years of age and older, persons with poor physical and mental health, and developmentally and physically disabled persons. Expect to serve 95 individuals daily, Monday through Friday (250 days/year) and 95 take away meals per week for 52 weeks.

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

Expected benefits/outcomes include, but is not limited to, improved balance, strength, flexibility, mood, nutrition, access to healthcare, education and life enrichment through opportunities to socialize with peer group. Outcomes will be measured utilizing self-report surveys. Additionally, data regarding improvements in health, e.g., blood pressure, pain management will be compiled and tracked to assess improvement and/or need to modify plan. The actual number of passengers and trips will measure transportation outcomes.

**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?**

Penalty for failing to meet deliverables or performance measures would result in return of funds or non-reimbursement.

**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#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**



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**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**

**a. Name**

**b. Firm Name**

**c. E-mail Address**



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d. Phone Number

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