

LFIR # 1625

1.	Project Title	Wakulla Senior Center: Emergency Resiliency and Accessibility Upgrades							
2.	Senate Sponsor	Corey Simon							
3.	Date of Request	11/21/2025							
4.	Project/Program Des	scription							
	Funding will enable that accessibility upgreplacement of 6 age	for reliable power of	emergency resiliency luring outages, the etter accessibility.						
5. State Agency to receive requested funds Department of Elder Affairs									
	State Agency contacted? No								
			for Final Voor 20	2007					
Ο.	Amount of the Nonre	ecurring Request	TOT FISCAL TEAL 20	120-2021					
	Type of Funding			Amo	unt				
	Operating				208,700				
	Fixed Capital Outlay Total State Funds Re	aguastad							
	Total State Fullus N	equesteu			208,700				
7.	Total Project Cost fo	r Fiscal Year 202	6-2027 (including	matching funds avai	ilable for this proje	ect)			
	Type of Funding			Amount	Percentage				
	Total State Funds Re	quested (from que	stion #6)	208,700	100%				
Matching Funds									
	Federal			0	0%				
	State (excluding the a	amount of this requ	est)	0	0%				
	Local			0	0%				
	Other			0	0%				
	Total Project Costs	for Fiscal Year 20	26-2027	208,700	100%				
8. Has this project previously received state funding? If yes, provide the most recent instance:									
Fiscal Year		Amo		Specific #	Vetoed				
	(уууу-уу)	Recurring	Nonrecurring	Appropriation #					
9.	Is future-year fundin	g likely to be req	uested?	No					
	a. If yes, indicate nonrecurring amount per year.								
b. Describe the source of funding that can be used in lieu of state funding.									
						I			



10. Status of Construction

a. What is the current phase of the project?

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Planning	Construction (N/A				
b. Is the project "shovel ready" (i.e permitted)?	No				
c. What is the estimated start da	te of construction?	01/01/2027				
d. What is the estimated complet	tion date of construction	on? 03/30/2027				
e. What funding stream will be us	sed for ongoing opera	tions and maintenance of the project?				
Normal operational funding provide		<u>·</u>				
List the owners of the facility to relationship between the owner		directly, any fixed capital outlay funding. Inc e entity.	lude the			
Wakulla Senior Citizens Council,	Inc Board of Directors					
2. Details on how the requested st	ate funds will be exper	nded				
Spending Category		Description	Amount			
Administrative Costs: Executive Director/Project Head Salary and Benefits			(
Other Salary and Benefits			(
Expense/Equipment/Travel/Supplies/Other			(
Consultants/Contracted Services/Study			(
Operational Costs						
Salary and Benefits			C			
Expense/Equipment/Travel/Supplies/ Other			(
Consultants/Contracted Services/Study			(
Fixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering	storm recovery center accessibility upgrades generator for reliable p	e Wakulla Senior Center to serve as a post by proving emergency resiliency and to include the installation of an emergency power during outages, the replacement of 6 ate control and ADA upgrades throughout the essibility.	208,700			
Total State Funds Requested (n	nust equal total from q	uestion #6)	208,700			
3. Program Performance a. What specific purpose or goa	al will be achieved by t	the funds requested?				
Providing a post storm recovery	Providing a post storm recovery location for the seniors of Wakulla County					
b. What activities and services	will be provided to me	et the intended purpose of these funds?				
Climate controlled Shelter intern	et transportation hot m	neals individual assistance as needed				



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

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Post storm recovery shelter; senior assistance, hot meals, transportation for disadvantaged seniors.AC/ Heat electricity and emergency assistance for seniors in a safe, accessible environment.

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

Seniors 60+. Up to 100 per day during recovery

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

Funding of this project will provide a safe location for senior that require assistance after a natural disaster and will improve the mental health of seniors after experiencing the stress associated with a natural disaster. Outcomes will be measured by tracking seniors post disaster and documenting services provided. Also, we will collect feedback via survey on services provided to assess safety, accessibility and satisfaction

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?

١	withhold future funding
4. Is	this project related to mitigation, response, or recovery from a natural disaster? No
a. I	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):
5. H	as the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	No
	No, but intends to apply
a. I	If yes, provide the FEMA project worksheet ID#:
b.	Provide the total project cost listed on the FEMA project worksheet:
6. H	as the entity applied for or received state assistance for this project (other than this request)?
	Yes, Applied
П	Yes. Received



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□ No							
☐ No, but intends to apply							
 a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Commerce): 							ın, Department of
17. Requester Contact	Information		n r			1	
a. First Name	Lara		Last Name	Edwards			
b. Organization	Wakulla Senior Center						
c. E-mail Address	I.edwards@wa	I.edwards@wakullaseniorcitizens.com					
d. Phone Number	(850)212-3184		Ext.				
18. Recipient Contact							
a. Organization	Wakulla Senio		Council, Inc.				
b. Municipality and	l County Wak	culla					
c. Organization Ty	ре						
□For Profit Entity							
☑Non Profit 501(c	☑Non Profit 501(c)(3)						
□Non Profit 501(c	:)(4)						
□Local Entity							
□University or Co	llege						
□Other (please sp	pecify)						
d. First Name	Lara		Last Name	Edwards			
e. E-mail Address	e. E-mail Address I.edwards@wakullaseniorcitizens.com						
f. Phone Number	(850)212-3184		Ext.				
19. Lobbyist Contact I	nformation						
a. Name None							
b. Firm Name							
c. E-mail Address							
d. Phone Number							



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