



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1639

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Osceola Council on Aging Senior Connected Care program provides home and community-based services to senior citizens living in Osceola County. By expanding our adult day care, home delivered meals and home cleaning and repair services, many seniors in our community on waitlists can be serviced by much needed support to allow them to continue to remain living at home with dignity. Osceola Council on Aging prioritizes serving seniors who are homebound, socially isolated, and individuals with memory care needs who have over burdened caregivers.

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	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	500,000	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		

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.

There are no other sources of funding identified in lieu of state funding to meet the growing needs of the under served low income seniors at risk living in the Osceola community, at this time.



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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		0
Expense/Equipment/Travel/Supplies/Other	Costs to produce and deliver the services	500,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

13. Program Performance

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

The Osceola Council on Aging Senior Connected Care program provides home and community-based services to senior citizens living in Osceola County. By expanding our adult day care, home delivered meals and home repair and cleaning services, many seniors in our community on waitlists can receive the much needed support to allow them to continue to remain living at home with independence and dignity.

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



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Eligible homebound seniors residing in Osceola County will receive Adult daycare, home delivered meals, and home cleaning and repairs, as assessed, as needed. This includes social interaction with volunteers and staff.

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

Eligible low-income and disadvantaged seniors aged 60 and older who are homebound seniors residing in Osceola County will receive Adult daycare, home repair or home delivered meals, as assessed, as needed. They will also receive social interaction with volunteers and staff.

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

Low-income and disadvantaged seniors age 60 and older who are homebound with overburdened caregivers, limited to no access to nutritious meals, and limited ability or access to needed home repairs or cleaning to ensure a safe living environment.

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

Homebound individuals with memory care needs can get much needed socialization in a safe environment at the adult day health care center. Homebound seniors with very limited ability to cook meals can have access to nutritious meals and a wellness check to reduce social isolation and hospitalizations, and seniors without access to heavy cleaning, yard work, and home repairs can get the needed services. The outcomes will be measured by utilizing standardized Department of Elder Affairs assessment metrics and satisfaction 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?

In the event Osceola Council on Aging does not meet deliverable requirements, the Osceola Council on Aging will return the funding proportionally to the unmet measure. A Corrective Action Plan will be submitted for approval and implemented, as required. Repeat failures to meet deliverables may result in future funding reductions.

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



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c. E-mail Address

d. Phone Number

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