



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1674

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

The new Adult Day Care Center will serve patients experiencing Alzheimer's, dementia, and related diseases by ensuring a safe, caring, social environment that provides physical and cognitive stimulation for the participant and respite for the caregiver. An initial funding allocation for build-out and startup operations was approved in the 2025 legislative session. Easter Seals of South Florida, Inc. has been contracted to manage/operate the Hollywood Adult Day Care Program and now with the Center being fully operational in 2026, additional funds are needed.

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	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</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)	250,000	57%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	189,150	43%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>439,150</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	410,309	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**



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LFIR # 1674

#### 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
<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	Easter Seals of South Florida, Inc. has been contracted to manage/operate the Hollywood Adult Day Care Program. Funding will support personnel costs totaling \$175K for essential program personnel, including Case Manager, Activity Coordinator, Certified Nursing Assistant (CNA). Additional \$75K will cover program supplies and operational expenses such as activity and programming materials, participant meals, licensing and insurance requirements.	250,000
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<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>250,000</b>

#### 13. Program Performance

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

The Area Agency on Aging Broward County has identified a gap in dementia-related day care services in Southeastern Broward County. As such, the proposed Adult Day Care Center would serve patients experiencing Alzheimer's, dementia, Parkinson's, strokes, hearing/vision loss by ensuring a safe, caring, social environment that provides physical and cognitive stimulation for the participant and respite for the caregiver.



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LFIR # 1674

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

The Adult Day Care programming will be centered around a structured, safe, caring, social environment that provides physical and cognitive stimulation for the participant. Exercise is a daily activity, along with Brain Games and either music or art therapy. All potential participants are given a mini-mental test so that the staff is aware of their functioning level. This allows for the program to be more client-centered.

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

This 5 day a week Adult Day Care Program, licensed through AHCA, provides socialization, recreation, education, and lunch supervised by a nurse and staffed by trained individual. Adult Day Care also provides respite for the caregivers. This prevents or prolongs the need for costly placement.

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

Individuals with Alzheimer's and dementia related disease, including elderly individuals and those experiencing poor mental/physical health. The Center is expected to serve 25-50 individuals at a given time.

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

Clients are able to remain at home longer and are participating in brain stimulating activities and socialization in a structured, safe environment. In addition, caregivers are provided needed respite which allows them to continue their caregiving. Our goal is to encourage participants to participate in physical activities to assure that they don't become more frail. Each client is assessed using the 701B assessment upon intake and annually thereafter which tracks ADL's. By providing daily exercises, such as dancing, chair yoga, chair exercises and other activities, the client is able to maintain a level of flexibility. Each client is given an activity plan upon entry into the day care and progress is tracked weekly. In addition, participation in cognitive exercises such as trivia and brain game activities as well as art and music therapy support cognitive function. Likewise, each client is given an activity plan and progress is tracked weekly.

**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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### Fiscal Year 2026-2027

LFIR # 1674

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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LFIR # 1674

a. Name	<input type="text" value="Joseph R. Salzverg"/>
b. Firm Name	<input type="text" value="GrayRobinson PA"/>
c. E-mail Address	<input type="text" value="joseph.salzverg@gray-robinson.com"/>
d. Phone Number	<input type="text" value="(850)577-9090"/>

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