



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1686

1. Project Title

2. Senate Sponsor

3. Date of Request

#### 4. Project/Program Description

To provide access to opportunities for free physical activity throughout Palm Beach County, serving approximately 20,000 residents of all ages in low-income communities. 75 patients at health clinics with 1 or more Cardiovascular Disease risk factors will be enrolled, tracked, and guided through physical activity opportunities. Patient outcomes will be reported using American Heart Association platforms for blood pressure, cholesterol, and blood glucose levels for those with Type 2 Diabetes.

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	380,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>380,000</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)	380,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	380,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>760,000</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	500,000	1663	Yes

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.

Digital VibeZ has succeeded for over a decade through philanthropic fundraising by way of individual gifts, online giving, events, corporate giving, and foundation grants. We developed and implemented this initiative and are determined to see its impact in our residents' lives.



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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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	CEO and COO Salaries and Benefits	45,000
Other Salary and Benefits	HR and Development, office and admin staff	7,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Accounting, Audit, Grant writing, Strategic Planning, etc.	5,000
<b>Operational Costs</b>		
Salary and Benefits	Salaries and benefits for instructors, Program Director, Project Coordinator, Digital Media, photo/video, and other staff supporting the program	150,000
Expense/Equipment/Travel/Supplies/Other	Expenses (rent, storage, utilities, etc. to run the initiative). Equipment (laptops, speakers, etc.), Travel (mileage, gas, hotel, bus maintenance, etc.). Supplies (promotional materials, tents, signs, journals, shirts, printed items, gift cards and other incentives, etc.). Other (Information Technology/Software).	60,000
Consultants/Contracted Services/Study	Fitness Instructors, Website, IT Services, Communication and PR services, Clinic and FQHC Data Collection, Inflatables and equipment rentals	113,000
<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>380,000</b>

### 13. Program Performance

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



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

Digital VibeZ will engage 20,000 residents in all age groups and across the county to participate in community events and activities such as Family Fun Fitness Days, Senior Stretch & Strength, among many more programs planned throughout the year. A target cohort of patients will be tracked, and their outcomes will be tracked using American Heart Association (AHA) platforms and guidelines.

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

The direct services for the Digital VibeZ Health Initiative include: Free consistent exercise classes for seniors and residents of all ages. Data will be tracked and their outcomes will be measured using American Heart Association (AHA) platforms and guidelines for 75 patients monitored by a clinic.

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

Digital VibeZ will engage 20,000 residents including families and senior citizens in low-income communities and those in areas of higher reported MetS and related health conditions.

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

The expected outcome is to improve the physical well-being of participants—primarily older adults and individuals managing chronic health conditions—through consistent, accessible, and engaging movement classes. Participants will experience increased physical activity levels, improved mobility, enhanced cardiovascular health, reduced risk factors associated with metabolic syndrome, and greater confidence in managing their own health. Additional benefits include reduced social isolation, increased community connectedness, and measurable improvements in overall quality of life. The outcomes will be measured through a combination of participant surveys and attendance tracking. A cohort of 75 patients at an FQHC or related clinic will be tracked for biometric data such as weight, A1c, blood pressure, and cholesterol levels. Instructor observations and participant testimonials will further support and illustrate measurable progress.

**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?**

Penalties for not meeting contractual deliverables may warrant decreased funding.

**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



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☐ 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:

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)



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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

d. Phone Number

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