

# The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

**LFIR # 1986** 

1. Project Title	City of West Par	k Senior Program				
2. Senate Sponsor	Jason Pizzo					
3. Date of Request	12/15/2025					
4. Project/Program De	escription					
activities through shu outings, health fairs, who may suffer from	uttle bus transporta exercise and nutrit depression, anxiet	tion, credentialed tion. This program by, loneliness and	rents and nutrition for sand courteous staff se will minimize service dother ailments that plagate limited resources, a	rvices, social intera lelivery gaps for oui que our elderly resid	ction, recreational r senior population dents. The majority of	
5. State Agency to rec	ceive requested fu	ı <b>nds</b> Departr	ment of Elder Affairs			
State Agency conta	<u>.</u>					
6. Amount of the Nonr		for Fiscal Year 2	026-2027			
Type of Funding			Amo	unt		
Operating				400,000		
Fixed Capital Outlay			0			
<b>Total State Funds F</b>	Requested		400,000			
7 Total Ducinet Cont	<b>-</b>					
1. Total Project Cost fo	or Fiscal Year 202	6-2027 (including	g matching funds ava	ilable for this proj	ect)	
Type of Funding	or Fiscal Year 202	6-2027 (including	g matching funds ava  Amount	ilable for this proj Percentage	ect)	
•						
Type of Funding			Amount	Percentage		
Type of Funding Total State Funds Re			Amount	Percentage		
Type of Funding Total State Funds Ro Matching Funds	equested (from que	estion #6)	Amount 400,000	Percentage 80%		
Type of Funding Total State Funds Re Matching Funds Federal	equested (from que	estion #6)	Amount 400,000	Percentage 80%		
Type of Funding Total State Funds Ro Matching Funds Federal State (excluding the	equested (from que	estion #6)	Amount 400,000	Percentage 80% 0% 0%		
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local	equested (from que amount of this requ	estion #6)	Amount 400,000 0 100,000	Percentage 80% 0% 0% 20%		
Type of Funding Total State Funds Romatching Funds Federal State (excluding the Local Other	equested (from que amount of this requ for Fiscal Year 20	estion #6)  uest)  026-2027  state funding?	Amount 400,000 0 0 100,000 0	Percentage  80%  0%  0%  20%  0%		
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r	equested (from que amount of this requ for Fiscal Year 20 eviously received most recent instar	pestion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)	Amount  400,000  0  100,000 0  500,000  Yes	Percentage  80%  0%  0%  20%  0%		
Type of Funding Total State Funds Ro Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r  Fiscal Year (yyyy-yy)	equested (from que amount of this requested for Fiscal Year 20 eviously received most recent instar	pestion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)	Amount  400,000  0  100,000 0  500,000  Yes  Specific Appropriation #	Percentage  80%  0%  0%  20%  100%  Vetoed		
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r	equested (from que amount of this requ for Fiscal Year 20 eviously received most recent instar	pestion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)	Amount  400,000  0  100,000 0  500,000  Yes  Specific Appropriation #	Percentage  80%  0%  0%  20%  100%		
Type of Funding Total State Funds Ro Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r  Fiscal Year (yyyy-yy)	equested (from que amount of this requested for Fiscal Year 20 eviously received most recent instar Amo	estion #6)  Destion #6)	Amount  400,000  0  100,000 0  500,000  Yes  Specific Appropriation #	Percentage  80%  0%  0%  20%  100%  Vetoed		
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r  Fiscal Year (yyyy-yy) 2025-26	equested (from quested (from q	estion #6)  D26-2027  State funding? nce: Dunt Nonrecurring 400,00	Amount  400,000  0  100,000  500,000  Yes  Specific Appropriation #	Percentage  80%  0%  0%  20%  100%  Vetoed		
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r  Fiscal Year (yyyy-yy) 2025-26  9. Is future-year funding a. If yes, indicate ne	equested (from quested amount of this requested for Fiscal Year 20 eviously received most recent instarting 0 ong likely to be requested amount of this requested for Fiscal Year 20 eviously received for Fiscal Year 20 eviously receiv	estion #6)  D26-2027  State funding? nce: Dunt Nonrecurring 400,00	Amount  400,000  0  100,000  500,000  Yes  Specific Appropriation #	Percentage  80%  0%  0%  20%  100%  Vetoed		



10. Status of Construction

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

a. What is the co	urrent phase of t	he project?				
Planning	O Design	Construction	O N/A			
b. Is the project	"shovel ready" (	i.e permitted)?				
c. What is the es	stimated start da	te of construction?				
d. What is the e	stimated comple	tion date of construc	tion?			
e. What funding	stream will be u	sed for ongoing oper	ations a	nd maintenan	ce of the projec	et?
		o receive, directly or i			apital outlay fur	ding. Include the
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### 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	This portion of the budget will cover salary and benefits for staff member administering the Senior Citizen Program at the center. These costs will include Program Administrator, Recreational Program Aide and Transportation Driver.	300,000			
Expense/Equipment/Travel/Supplies/ Other	These program expenses and equipment include utilities, repairs, cleanup, supplies, materials, equipment and travel costs.	75,000			
Consultants/Contracted Services/Study	The contractual services will include presenters, program instructors, and case management services.	25,000			
Fixed Capital Construction/Majo	or Renovation:				
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (m	nust equal total from question #6)	400,000			

### 13. Program Performance

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



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□ No

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The goal is to minimize service gaps for our seniors who may suffer from depression, anxiety, loneliness and other ailments. This program will enhance the quality of life of our participants by providing much needed activities and services. According to the National Council on Aging (NCOA), studies show senior programs provide numerous benefits in 2025, including improved physical and mental health, reduced healthcare costs, and enhanced social connections. Participants experience lower rates of depression, better cognitive function, and higher life satisfaction.

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

The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise and nutrition. This program will minimize service gaps for our senior population who may suffer from depression, anxiety, loneliness and other ailments that plague our elderly residents. The program will provide direct services to seniors in the program. Participants will have opportunities to bond and congregate with peers and staff.

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

Senior Program participants will have access to this safe and caring environment. The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise and nutrition. These Seniors will experience a better quality of life, than if they stay in isolation without the opportunity to engage and interact with peers, staff and guest speakers of the program.

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

Senior residents ages 60 years and older are the target population for this program. With the funding request, we have the capacity to provide direct services and serve approximately 100 Seniors.

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

We expect the outcome to be a safe environment for Seniors to participate in holistic activities within our program. Direct services will be provided. This outcome will be measured by attendance records and participant surveys. By providing a comprehensive program that meets service gaps for Seniors, we can assist them with obtaining a better quality of life. The program can also assist any participants who have experienced loss. We will also provide referral services as needed or when appropriate.

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?

101	raining to meet deliverables or performance measures provided for in the contract:						
Т	he contract will have standard language that entails compliance, deliverables and reports.						
4. Is 1	this project related to mitigation, response, or recovery from a natural disaster? No						
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 infastructure)						
b. N	lame of the natural disaster (or Executive Order # for events not under a federal declaration):						
5. Ha	s the entity applied for or received federal assistance for this project?						
□ '	Yes, Applied						
	Yes, Received						



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☐ No, but intends t	o apply				
a. If yes, provide the FEMA project worksheet ID#:					
b. Provide the total	project cost listed on the	e FEMA proj	ect worksheet:		
16. Has the entity app	olied for or received state	assistance f	for this project (other than	n this request)?	
☐ Yes, Applied					
☐ Yes, Received					
□ No					
□ No, but intends t	o apply				
a. If yes, specify th Commerce):	e program and state ager	ncy (ex. Loca	al Government Emergenc	y Bridge Loan, Department of	
17. Requester Contact		]	<b>D</b> .		
a. First Name	W. Ajibola	Last Name	Balogun		
b. Organization	City of West Park				
	abalogun@cityofwestpark	1			
d. Phone Number	(954)989-2688	Ext.	220		
18. Recipient Contact	Information				
a. Organization	City of West Park				
b. Municipality and	d County Broward				
c. Organization Ty	pe				
□For Profit Entity					
□Non Profit 501(d	c)(3)				
□Non Profit 501(d	c)(4)				
□Local Entity					
□University or College					
☑Other (please specify) Local Government					
d. First Name	W. Ajibola	Last Name	Balogun		



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e. E-mail Address	abalogun@cityofwestpark.org				
f. Phone Number	(954)989-2688	Ext.	220		
19. Lobbyist Contact Information					
a. Name	Yolanda Cash Jackson				
b. Firm Name	Becker & Poliakoff PA				
c. E-mail Address	yjackson@beckerlawyers.com				
d. Phone Number	(954)985-4132				

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