



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 2773

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

**4. Project/Program Description**

The goal of the project is to provide nursing and rehabilitation care for frail elderly individuals particularly those who rely on Medicaid for funding. We are seeking funding for a special project that would allow us to hire a grant writer, provide transportation services or outpatient rehabilitation services, payroll for staff and facility maintenance upholding state health regulations, dietary and nutrition of residents, social services, maintain medical equipment, laundry, infection control, and environmental services.

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	2,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>2,000,000</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)	2,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>2,000,000</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	398,551		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.**
- 

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



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**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	GRANT WRITER- seek funding for a special project that would allow us to hire a grant writer tasked with continuously sourcing and securing grants to support the ongoing operations of our facility, ensuring that we can maintain and expand our vital services.	60,000
<b>Operational Costs</b>		
Salary and Benefits	We employ over 135 individuals, with a payroll that exceeds more than half of our facility's revenue—making staffing one of our largest operational expenses. Funding would help us continue to provide stable employment and improve our ability to attract and retain skilled staff.	1,600,000
Expense/Equipment/Travel/Supplies/Other	Critical transportation needs to expand our services. Specifically, we aim to implement an outpatient rehabilitation service within the facility, which would allow elderly residents to receive physical therapy and rehabilitation care without the burden of costly transportation or the physical toll of traveling long distances for services.	340,000
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>2,000,000</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?**

Provide daily Activities for residents and social events such as: 1) an Annual Gala event for all residents 2) Thanksgiving Day Dinners 3) Christmas Day event Dinners 4) Group Exercise activity sessions weekly 5) Audio book reading days of Resident choice 6) Group Game night options 7) Bus trips to local business for shopping 8) Bus trips for local Restaurant meal days 9) Arts and Crafts daily

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

1) Provide Medical Rehabilitation services (physical, occupational, speech therapies) 2) Daily skilled nursing services to 99 residents 3) Planned daily Activities for residents and social events 3) Dietary and Nutritional Services for 99 Bed facility daily 4) Purchase and maintain specialized medical Equipment 5) Facility Maintenance services daily 6) Provide Skilled Nursing Staff Care

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

A population of up to 100 individuals will be served under this project. The target population of the project includes: elderly persons, persons of poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, homeless persons, physically disabled, high school students in nursing program, and victims of crime.

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

a) Reduction in high blood pressure, high cholesterol, high blood sugar, worsening of skin wounds, spread of infections throughout areas, provide rehabilitation services for handicapped residents. b) celebrate individual cultural events by activities department. c) provide teaching liaison program for local nursing schools and certified nursing assistant programs.  
The outcomes will be measured via: a) daily vital checks by skilled nursing staff. provide survey of weekly rounds of residents by wound care specialist. audit monthly use infection control practices by staff. rehabilitation provides monthly monitoring of therapy notes from therapy disciplines. b) psychiatric evaluations by psychiatrist, nurse, social workers at time of admission, discharge, and weekly. daily review of psychotropic medications/dosages/behavior changes document in care notes monthly meetings with consulting pharmacologist and MD's. reporting to AHCA and CMS.

**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?**

The organization will adhere to all guidelines, rules, and regulations as prescribed by the state of Florida agencies and take all necessary corrective actions as needed to adhere to aforementioned requirements.

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?



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- 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:**

**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



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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

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.*