



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 2982

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Baker Senior Center Naples provides the only Dementia Respite Support Program in Collier and southern Lee counties for seniors who have a medical diagnosis of Alzheimer's disease and/or related dementias (ARD) residing at home. The program is recognized as evidence-based, innovative, and most importantly, providing the highest standard of care to clients with dementia. The program provides socialization and wellness with a holistic approach to everyday living and challenges using activities that focus on connection when primary verbal communication and interaction abilities are altered.

5. State Agency to receive requested funds

State Agency contacted?  Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	200,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>200,000</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)	200,000	31%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	450,000	69%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>650,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2025-26	200,000	0	383	No

9. Is future-year funding likely to be requested?  Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

In addition to state funding, we seek private donations and corporate and foundation grants.



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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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	3 professional staff program facilitators and 1 music therapist.	200,000
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>200,000</b>

### 13. Program Performance

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

The goals of the program are: to offer opportunities for persons with Alzheimer's disease and/or related dementias (ARD) to engage in a program of meaningful social and recreational activities in a secure and supportive setting, in order to maximize their cognitive and social abilities; and to provide relief and support to family members and other primary caregivers of individuals with ARD.

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



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Activities are designed to enhance communication skills, improve mood, help access long term memory, and increase socialization. The 4-hour groups include focus, concentration, and memory activities, such as "icebreakers," to help participants enhance social skills and assist in recall and language skills. Music therapy is provided by a credentialed music therapist for the last 30 minutes.

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

Language skills, memory techniques, relaxation techniques, socialization, and building self-esteem are concentrated on during each group's activities with the focus on what strengths the participants possess. Participants are offered an opportunity for socialization and cognitive stimulation in a non-judgmental, friendly environment. Participants are encouraged to participate in activities that engage verbally and also utilize gross motor skills depending on their comfort level or ability. Caregivers are provided 4 hours of respite, case management, education, and support.

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

The targeted population are seniors age 60 and older with a medical diagnosis of Alzheimer's disease or related dementias (ADRD), which is 14.1% of Collier County. In 2017, 22,000 cases of ADRD were counted in Collier County. Of those 22,000, 13% live alone. Each year, this increases by an estimated 20%. Our community's limited existing resources are overwhelmed by demand. Thirty-six percent (36%) of Collier and southern Lee counties' populations are over age 60. Of those, 8% are 85 or older. It is currently estimated that 50% of adults over 85 will be diagnosed with ADRD. We expect to serve 175 individuals with ADRD in the coming year.

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

The Dementia Respite Support Program provides tools, support, and coping skills to assist these individuals and their families. Clients who attend the program may achieve the following goals and outcomes: be less agitated, more engaged in their surroundings, experience fewer incidents of "sundowning," particularly on the days when clients have music therapy, and caregivers report that the program has had a positive impact on both the client and caregiver's lives. The Memory and Problem Behavior Checklist is used for the clinical and empirical assessment measuring outcomes. For this population, outcomes are measured in relationship to a limited time period, such as during and after the program and extending into the evening.

**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?**

This program is funded on a monthly basis for services that are reported in the Florida Department of Elderly Affairs. If the agency failed to meet the deliverables, then the agency would not be able to submit for payment of services.

**14. Is 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 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



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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)

**d. First Name**  **Last Name**



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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.*