



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Jewish Federation Senior Transportation Services

2. **Senate Sponsor:** Kevin Rader

3. **Date of Submission:** 11/20/2017

4. **Project/Program Description:**

Transportation for the Low Income Elderly.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Elder Affairs

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
143,640		143,640

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 143,640

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 5

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY <u>2017-18</u>
------------	--------------------------------------------------------------------------------



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		143,640	143,640

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

143,640

11. Program Performance:

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

Transport Elderly to Life Sustaining Activities (ie.. the Grocery Store and Doctor Visits).

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

Labor hours for drivers, and maintenance of vehicles used for transportation of low income elderly.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Operation Management	36,698
<input checked="" type="checkbox"/> Other Salary and Benefits	Dispatcher	16,572
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Background Screening & Office Supplies	2,320
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Mechanic & Drivers	68,962



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Vehicle Maintenance & Insurance	19,088
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		143,640

d. What are the direct services to be provided to citizens by the appropriations project?

Transportation to Life Sustaining Activities (i.e. Grocery Store and Doctor Visits).

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

Low Income Elderly in the South Palm Beach Area with no means of providing these services for themselves. This program currently services approximately 100 clients.

f. 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 that elderly and disabled whom have no other means of getting to a doctor, grocery store or other life sustaining activities can live independently with dignity.

g. 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?

As this is a program with a proven track record, and funding is only paid out based on client usage, no additional penalties should be required.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Andrea Kalkstein
- b. **Organization:** Federation Transportation Services, Inc.
- c. **Email:** Andreak@bocafed.org
- d. **Phone Number:** (561)852-5018

14. Recipient Contact Information:

- a. **Organization:** Federation Transportation Services, Inc.
- b. **County:** Palm Beach
- c. **Organization Type:**



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Andrea Kalkstein

e. E-mail Address: Andreak@bocafed.org

f. Phone Number: (561)852-5018

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Bernie Friedman

b. Firm: Becker Poliakoff

c. Email: BFriedman@BPLegal.com

d. Phone Number: (954)985-4180