



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1962

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Providing a 1-on-1 service to these isolated seniors ensures that these otherwise isolated seniors will have some level of assistance they would otherwise not have access to. This service is a key component in allowing us to identify a client's general deterioration. This service is intended to be short term and transitional while LHANC's Referrals division assists clients navigate the many hurdles of obtaining long-term care services.

5. State Agency to receive requested funds

State Agency contacted?  Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	80%
<b>Matching Funds</b>		
Federal	95,000	15%
State (excluding the amount of this request)	32,000	5%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>627,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	500,000	398	No

9. Is future 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.

N/A

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes



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If yes, indicate the amount of funds received and what the funds were used for.

ARP funding through the Alliance for Aging and United Way (FEMA program) for services which are ongoing.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. 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)?

No

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. 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.

### 13. 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	Salaries and Benefits for employees that oversee the day-to-day operations of the program. These employees ensure adherence to agency, state, and accreditation standards.	30,000
Other Salary and Benefits	Salaries and benefits for the accounting staff assigned to program reporting and contract adherence.	12,000
Expense/Equipment/Travel/Supplies/Other	General and Liability Insurance.	3,000
Consultants/Contracted Services/Study	None	0
<b>Operational Costs: Other</b>		
Salary and Benefits	Direct Supervisory client care inclusive of nursing visits, case management services, and service coordination.	70,000
Expense/Equipment/Travel/Supplies/Other	Supplies of gloves, wipes, and other miscellaneous supplies needed by the certified nurse assistant providing direct client care.	10,000
Consultants/Contracted Services/Study	Expense of Certified Nurse Assistants that provide the direct service care to the clients to be served by this funding source. Direct care includes assistance with bathing, preparing meals, running errands, light household chores, as well as information and referral to other permanent long-term care services, and case management for each program participant.	375,000
<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>500,000</b>

### 14. Program Performance



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

Providing a 1-on-1 service to these isolated seniors ensures that these otherwise isolated seniors will have some level of assistance they would otherwise not have access to. This service is a key component in allowing us to identify a client's general deterioration. This service is intended to be short term and transitional while LHANC's Referrals division assists clients navigate the many hurdles of obtaining long-term care services.

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

Direct care includes assistance with bathing, preparing meals, running errands, light household chores, as well as information and referral to other permanent long-term care services. Additionally, the clients will have access to a case manager that will assist in identifying additional long-term care services to these clients.

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

Every program client will receive the following direct services, as needed for a 4 month period as clients are assisted through case management teams to be transitioned toward more permanent assistance: case management, personal care, meals, referrals. Services are determined by the client/caregiver and case manager.

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

Persons 60 years of age or older who require assistance in obtaining long-term care services in order to remain in the community. LHANC anticipates that it will serve approximately 96 older adults daily for 4 months while they receive assistance transitioning from these temporary services to more long-term assistance. We anticipate serving approx. 250 unduplicated clients for the program year.

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

100% of clients will receive case management services.  
 100% of clients will be assessed for referrals into additional services.  
 100% of eligible clients will be referred for long-term care services.  
 100% of clients will receive personal care, meals, or other ancillary service during the program transition.  
 90% of clients will self-report being satisfied with the service.  
 The outcomes will be measured using anonymous client satisfaction surveys. Additionally, client files will be audited for assessments and referrals to other programs and services.

**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 the contract?**

In the event that Little Havana Activities & Nutrition Centers of Dade County, Inc. fails to meet the deliverables or performance measures, the service should not be funded in subsequent years.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**

**c. Organization Type**



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- 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**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**