



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1743

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The goal of the program is to provide a daily healthy meal to the elderly participants in our community in either the form of a visit to one of our congregate sites or through a delivery carrier for those who are unable to visit a site. A daily balanced provision of a meal coupled with nutritional education will establish a strong core value to living a healthier longer life. The City of Hialeah has over 1,000 participants and continue to serve our special population is of the utmost importance.

5. State Agency to receive requested funds

State Agency contacted? No

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

Type of Funding	Amount
Operations	2,000,000
Fixed Capital Outlay	0
Total State Funds Requested	2,000,000

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)	2,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	2,000,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	250,000	2,000,000	1423	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.

No other funding source is currently identified.

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

Yes

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



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The City received \$66 million in American Rescue Plan funds that were used to defray the costs of first responder salaries for COVID response efforts, to recover lost revenue as a result of COVID, as well as to fund various infrastructure improvements throughout the City.

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)?

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Salary and benefits of the project manager.	61,273
Other Salary and Benefits	Salary and benefits of administrative personnel for the program.	173,476
Expense/Equipment/Travel/Supplies/Other	Travel for program training purposes.	2,000
Consultants/Contracted Services/Study	Expenditures directly related to project, i.e. audit fees and utility fees.	2,000
Operational Costs: Other		
Salary and Benefits	Project required staff and sanitary maintenance of facility expenses: Salary/benefits for janitors and nutritional aides	238,564
Expense/Equipment/Travel/Supplies/Other	Cost of repairs and maintenance of the hot meal locations.	7,500
Consultants/Contracted Services/Study	Expenditures for the actual costs of the meals provided through the program, nutritionist, management fees and insurance for the service locations.	1,515,187
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		2,000,000

14. Program Performance

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

The requested funds will go towards providing meals to the at-risk elderly population throughout the city.

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



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The City shall serve balanced nutritional meals at no cost to program participants served with the highest standards and coupled with classes to help them understand the goals of these meals and their importance. This would require staffing to maintain quality control, temperature integrity, safety, and cleanliness standards.

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

Through the provision of congregate and home-delivered meals, the funding can enrich the quality of life of the elderly citizens of Hialeah by nurturing healthy eating habits. Funding will also contribute to education using both mass education presentations and one-on-one nutrition counseling.

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

Elderly persons, persons with poor mental health, persons with poor physical health, economically disadvantaged persons, and the physically disabled.

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

Improving and maintaining physical health of program participants through a nutritious balanced diet. Nutritional aides and certified dietitians will work to execute healthy, nutritious, and balanced meals for program participants and all efforts will be reported. Congregate meal sites offer a warm and inviting atmosphere for participants to socialize and share in dietitian-approved, health, balanced meals to help support mental well being. Program participant feedback will be logged for performance and quality standards.

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?

The City of Hialeah is willing to be bound by the standard penalties for breach of contract in the state of Florida. Furthermore, the City is willing to contemplate additional penalties the Department may propose.

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

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



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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