



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3132

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Hope for Grateful Hearts will focus on providing general sanitation/cleaning of common areas throughout Senior Centers in Miami Dade County. The program focuses on cleaning/sanitizing common areas and individual units on as needed basis, including resident vehicles.

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	750,000
Fixed Capital Outlay	0
Total State Funds Requested	750,000

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)	750,000	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	750,000	100%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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.

Sponsorships and charitable contributions through a series of networking events and fundraisers. However, such contributions are insufficient to meet the program's needs.

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

No

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



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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	The Executive Director and Assistant Executive Director will perform all day -to- day tasks including, but not limited to, coordination with Senior Center directors, cleaning companies and other liaisons necessary to perform the services described above.	75,000
Other Salary and Benefits	Office Administrator will will perform all day-to -day tasks including, but not limited to, reconciliation, billing review and officer administration.	25,000
Expense/Equipment/Travel/Supplies/Other	Hope for Grateful Hearts shall contract and pay designated sanitizing company to service the Senior Centers and its residents throughout the calendar year.	640,000
Consultants/Contracted Services/Study	Accounting Fees, Legal Fees and Travel Expenses	10,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		750,000

14. Program Performance

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



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The program will prevent the spread of viruses and will protect residents in every senior living community. The program will also promote a safer, healthier environment for Miami's seniors to improve the quality of their living conditions including, but not limited to, targeting all environmental threats. Complete removal of contaminated soils and dirt form surfaces and floors is required to prevent the spread of diseases and pathogens.

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

The services provided shall include but are not limited to: coordination with Senior Center directors, cleaning companies and other liaisons necessary to perform the services. The sanitation funds shall be earmarked for the cleaning and sanitation services referenced above targeting all environmental related threats to senior's living environment.

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

The Services provided shall include but are no limited to: Ensuring that senior centers do not get exposed to contagious germs and bacteria by cleaning and sanitizing to safeguard seniors from pandemic related threats and routine maintenance to proactively combat all environmental threats.

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

The targeted population will be the Senior Citizens in Miami-Dade County due to the elderly population having weaker immune systems, antimicrobial resistance, and a wide range of other medical conditions that make them more vulnerable to infections. Hope for Grateful Hearts hopes to target as many seniors as possible.

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

The expected outcome will be measured by making sure that the surfaces that can become soiled are cleaned and free from hazardous contaminants and, to also curtail and /or eliminate contamination and assist to sanitize living areas to reduce risk of infection.

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?

All deliverable and performance measures shall be met. There are not penalties expected The penalties for non-deliverables or performance would be the withholding of funds.

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)



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- 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