



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3608

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The program seeks to expand home and community based services, including in-home services, adult day care services, health maintenance services, respite, support services for clients and caregivers and the provision of healthy meals in under-served areas of Osceola County.

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	300,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>300,000</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)	300,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>300,000</b>	<b>100%</b>

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.

N/A

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Partial salary of Department VP related to additional duties and increased workload	30,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Cost of meals for seniors	270,000
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>300,000</b>

**14. Program Performance**

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

There is a significant unmet need in Osceola County for home and community based services. The community population has skyrocketed and the funding has not kept up with the regional need for needed in-home care, respite, adult day care, health maintenance services, support services for clients and caregivers and especially the provision of healthy meals.

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



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In-home care, respite, adult day care, health maintenance services, support services for clients and caregivers and especially the provision of healthy meals.

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

The services will include activities including assistance with activities of daily living, respite, homemaker, congregate meals, home-delivered meals, home health services, personal care.

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

Seniors in Osceola County

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

Osceola County presently has over thousands off seniors in need of these types of services. The outcomes will be measured through screenings, assessments and surveys.

**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?**

If Osceola Council on Aging does not meet deliverable requirements, we will return funding proportional to the unmet measure. A corrective action plan will be submitted for approval. Repeat failures may result in future funding reductions.

**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)

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

**e. E-mail Address**

**f. Phone Number**



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#### 17. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number