

# The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2323

. Project Title	Hope Connections - Serving Frail Rural Seniors
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2. Senate Sponsor Jonathan Martin

**3. Date of Request** 03/01/2023

#### 4. Project/Program Description

Hope Connections provides congregate meals, transportation, and home delivered meals to frail low income seniors that live in food deserts in Glades and Hendry counties. Due to the high cost of providing these meals to rural and under-served areas, supplemental funds are requested to continue providing these critical meals to seniors in the Glades and Hendry area, which are designated as food deserts. With these funds, Hope Connections will not need to reduce the number of weekly meals provided to participants (from 3.5 to 2) due to a gap in funding for food and services. The program will also be able to continue all care required to keep clients living in their own homes rather than being placed in facilities.

5. State Agency to receive requested funds

Department of Elder Affairs

State Agency contacted? No

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	400,000
Fixed Capital Outlay	0
Total State Funds Requested	400,000

#### 7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	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 2023-2024	400,000	100%

#### 8. Has this project previously received state funding? No

Fiscal Year	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

#### 9. Is future funding likely to be requested?

No

a. If yes, indicate nonrecurring amount per year.

# b. Describe the source of funding that can be used in lieu of state funding.

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

No



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

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

- 11. Status of Construction
  - a. What is the current phase of the project?

OPlanning ODesign OConstruction

- 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	All funds will flow directly through Hope Connections, who will provide prepared congregate meals to frail low income seniors in food desert areas of Glades and Hendry counties.	400,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	400,000

#### 14. Program Performance

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

Due to the high cost of providing these meals to rural and under-served areas, supplemental funds are requested to continue providing these critical meals to seniors in the Glades and Hendry area, which are designated as food deserts.

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



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100% of the funds will flow through Hope Connections to serve frail low income seniors by providing congregate meals, transportation, and home delivered meals in food desert areas of Glades and Hendry counties.

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

100% of the funds will flow through Hope Connections to serve frail low income seniors by providing congregate meals, transportation, and home delivered meals in food desert areas of Glades and Hendry counties.

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

The target population includes elderly persons, persons with poor mental health, persons with poor physical health, economically disadvantaged persons, physically disabled, and frail low income seniors living in food deserts. The target population size is expected to be 401-800 persons served.

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

#### be measured?

This project will improve physical health by providing proper nutrition to frail seniors in food deserts. It will also improve mental health by providing socialization that is proven to decrease depression. The project also improves transportation conditions by providing rides to congregate meal sites. All of these benefits can be measured via data metrics collected by Hope Connections that include the # of meals provided, transportation trips to congregate site, etc per month.

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?

Hope Healthcare will manage and track the number of transportation trips to congregate meal sites on a monthly basis. The Department of Agriculture and Consumer Services will be able to monitor our progress by viewing data regarding meals provided.

#### **15. Requester Contact Information**

a. First Name	Samira	Last Name	Beckwith
b. Organization	Hope Healthcare		
c. E-mail Address	samira.beckwith@hopehcs.org		
d. Phone Number	(239)482-4673 <b>Ext.</b>		
16. Recipient Contact Information			
a. Organization	Hope Healthcare		
b. Municipality and County Statewide			
c. Organization Ty	ре		
□For Profit Entity			
☑Non Profit 501(c)(3)			
□Non Profit 501(c)(4)			
□Local Entity			
□University or College			
□Other (please specify)			
d. First Name	Samira	Last Name	Beckwith



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e. E-mail Address	samira.beckwith@hopehcs.org
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Christopher K. Hansen

f. Phone Number (239)482-4673

(220)402 4072

### 17. Lobbyist Contact Information

a. Name

b. Firm Name Ballard Partners

c. E-mail Address chansen@ballardpartners.com

**d. Phone Number** (850)577-0444