



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2803

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Miami-Dade County has been providing an alternative to institutionalization for over 40 years to seniors county-wide. The County's meals programming is designed to provide nutritionally sound meals to eligible seniors who are assessed as being in danger of malnutrition or food insecurity. The goal of the programming is to reduce or delay the need for increasingly expensive nursing or specialized home placement and allow our seniors to continue to age in-place with dignity.

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	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

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)	1,000,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,000,000	50%
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		
2022-23	0	275,000	404	No

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?**

Yes



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

Miami-Dade County received \$2,608,188,975.73 to provide financial aid to, among others, small businesses, veterans, senior meals, restaurants, hotel workers, first responders, landlords, low-income tenants, nonprofits, and day care centers; county services and also direct distributions to Miami-Dade municipalities.

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Meal preparation, packaging, and delivery services utilizing existing municipal vendors will be utilized.	1,000,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,000,000

14. Program Performance

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



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

Home delivery and congregate meal services and assistance, inclusive of the provision of culturally-sensitive and planned meals for specific medical conditions or disorders, e.g., diabetes or high blood pressure.

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

Healthy and nutritious meals to the senior population of Miami-Dade County through 19 congregate meal sites, i.e., senior centers, or through home delivery services.

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

In 2017 the Profile of Older Floridians compiled by FL Department of Elder Affairs, 68% of FL seniors face the threat of hunger, 1 in 7 seniors live in poverty and 63% of seniors are forced to choose between food and medical care. Seniors aged 60+ face increased risks of chronic health conditions, including diabetes and high blood pressure, conditions that can be mitigated by healthy food options. A minimum of 50 seniors can be expected to be served but the number may be higher due to changes in food and service costs and currently undetermined opportunities for leveraging existing and the requested resources for expanding programmatic capacity.

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

The goal of the programming is to reduce or delay the need for increasingly expensive nursing or specialized home placement and allow our seniors to continue to age in-place with dignity. The number of meals served to seniors can be tracked and a survey, or similar measure, post-participation in ongoing programming could be administered for quality assurance and monitoring efforts of said programming.

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?

A failure on the part of the receiving entity in meeting or providing deliverables or with overall non-performance will result in non-payment or a full return of the requested monies.

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)



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- 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