



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1729

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Aged and Disabled Care Services project is to provide certain in-home care services to low-income frail, home-bound older adults, and individuals with disabilities, who are living alone without such services, have no family caregiver benefit, and not Medicaid eligible nor receiving in-home care from an aging network providers, and are on the Aging and Disability Resource Center wait list, in an effort to enhance their quality of life in Miami-Dade county.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	100,000
Fixed Capital Outlay	0
Total State Funds Requested	100,000

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)	100,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	100,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	200,000	100%

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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

Town of Medley to meet the need of under served low income elderly and disabled

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

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



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The Town received federal assistance from CARES Act and ARPA. The total amount from both federal sources was less than \$1 Million.

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		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	Direct services and supplies to support the project, which include but not limited to costs for background check, mileage and tolls reimbursement, office supplies, operating expenditures such as copier, on-line access, information technology, insurances, and others essential to further the purpose of this funding.	10,000
Consultants/Contracted Services/Study	The Contractual Services of a contractor, an AHCA licensed certified and accredited agency in compliance with the regulation of the home health agencies in Chapter 400, Part IV, Florida Statutes, and Chapter 59A-8, Florida Administrative Code.	90,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		100,000

14. Program Performance

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



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The goal of the proposed project is to provide certain in-home care services to low-income frail, home-bound older adults, and individuals with disabilities, who are living alone, have no family caregiver benefit, and not Medicaid eligible nor receiving in-home care from an aging network providers, and are on the Aging and Disability Resource Center wait list, in an effort to enhance their quality of life in Miami-Dade county.

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

The Project will utilize available funds to conduct linguistically appropriate and culturally sensitive community outreach efforts which include but not limited to Fliers, Program Service Announcements, informal speaking engagements, coordinate home visits, conduct needs assessment, determine eligibility, service coordination and timely service scheduling.

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

The project will offer eligible citizens of appropriation the following two direct services:
 1. Personal Care (Bathing) and 2. Homemaker (light house keeping). These services will be provided in accordance with the Department of Elderly Affairs service delivery methodology. The program staff will document services assigned, service hours each week, and maintain all required service documentation.

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

The Aged and Disabled Care Services Project shall extend stated in-home care services to 51-100 low-income frail and home-bound older adults, and individuals with disabilities through 2024-2025 allocation.

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

The ultimate benefit of the project is to provide to promote aging in place with dignity and to enhance their quality of life for these low-income individuals through timely provision of funded services. Additionally, staff will work closely with ADRC to help place those eligible to other programs in local aging network that offer additional services.

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?

In accordance with the contract provisions, should the Project fails to meet the deliverables, it may result in corrective action plan and non-reimbursement of submitted expenditures for the project. The proposed Project funds shall be used only for the appropriated activities, as specified, in the administering agency contract usually signed in effect by both parties.

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