

1. Project Title

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

David Posnack Jewish Community Center - Senior Kosher Meal Program

LFIR # 1176

۷.	Senate Sponsor	Lauren Book							
3.	Date of Request	02/08/2023							
4.	Project/Program Des	cription							
	atmosphere where se encourage their involv can maintain an accep the facilities to promot	s 60+. Meals from bite Program throu niors can come to rement in and with otable quality of life te healthy living an ocial workers facili	the grant are gh a partnersl gether for serve their commune in their own ad has specific	also ship widices/anity. The home	served at the Daniel th Meals on Wheels activities that enhanche LSP strives to mes and avoid or delayses designed to engage.	Cantor Senior Centor South FL. The progree dignity, support the the needs of the nursing home placed the 60+ communication.	er + Adult Day ram provides a pleasant neir independence and 60+ community so they ement. The DPJCC has		
5.	State Agency to rece	eive requested fui	nds Dep	artme	ent of Elder Affairs				
	State Agency contact	ted? No							
	Amount of the Nonre		for Fiscal Yea	ar 202	23-2024				
	Type of Funding	<u> </u>				Amount			
	Operations				149,537				
	Fixed Capital Outlay				0				
	Total State Funds Re	Total State Funds Requested			149,537				
	Total Project Cost for	r Figgal Voor 2023	0.0004 (:1						
<i>(</i> .	TOTAL FIOJECT COST TO	r Fiscai Tear 2023	3-2024 (Includ	ding r	natching funds ava	liable for this proje	ect)		
ſ. Ì	Type of Funding	r Fiscai Tear 2023	3-2024 (INCIUC	ding r	Amount	Percentage	ect)		
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8.	Type of Funding Total State Funds Rec Matching Funds Federal State (excluding the a Local Other Total Project Costs f Has this project prev	mount of this requested Year 20 riously received s Amo	est) 23-2024 State funding ount Nonrecurri	?	Amount 149,537 0 0 0 149,537 Yes Specific Appropriation #	Percentage 100% 0% 0% 0% 100% Vetoed	ect)		
8.	Type of Funding Total State Funds Rec Matching Funds Federal State (excluding the a Local Other Total Project Costs f Has this project prev Fiscal Year (yyyy-yy) 2021-22	mount of this requested for Fiscal Year 20 riously received seems. Amo Recurring	est) 23-2024 state funding ount Nonrecurri 149	?	Amount 149,537 0 0 0 149,537 Yes Specific Appropriation # 391	Percentage 100% 0% 0% 0% 100% Vetoed	ect)		
8.	Type of Funding Total State Funds Rec Matching Funds Federal State (excluding the a Local Other Total Project Costs f Has this project prev Fiscal Year (yyyy-yy) 2021-22 Is future funding like	mount of this requested for Fiscal Year 20 riously received seem Recurring	est) 23-2024 State funding Nonrecurri 149 d? nt per year.	? Ing 9,537	Amount 149,537 0 0 0 149,537 Yes Specific Appropriation # 391 Yes 149,537	Percentage 100% 0% 0% 0% 100% Vetoed No	ect)		
8.	Type of Funding Total State Funds Rec Matching Funds Federal State (excluding the a Local Other Total Project Costs f Has this project prev Fiscal Year (yyyy-yy) 2021-22 Is future funding like a. If yes, indicate nor	mount of this required sor Fiscal Year 20 riously received some Recurring amount of funding that	est) 23-2024 State funding ount Nonrecurri 149 249 Ad? Int per year. It can be used	? eng 9,537	Amount 149,537 0 0 0 149,537 Yes Specific Appropriation # 391 Yes 149,537	Percentage 100% 0% 0% 0% 100% Vetoed No	ect)		



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

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0

0

0

12,524

8,578

108,887

149,537

No			
If yes, indicate the amount of f	unds received and what the fund	Is 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	Construction		
b. Is the project "shovel ready"	(i.e permitted)?		
c. What is the estimated start of	ate of construction?		
d. What is the estimated compl	etion date of construction?		
12. List the owners of the facility relationship between the own	to receive, directly or indirectly, ers of the facility and the entity.	any fixed capital outlay	funding. Include the
13. Details on how the requested :	state funds will be expended		
Spending Category	Des	scription	Amount
Administrative Costs:			
Executive Director/Project Head Salary and Benefits	Program Director		19,548

14. Program Performance

Planning Engineering

Other Salary and Benefits

Consultants/Contracted

Consultants/Contracted

Operational Costs: Other

Construction/Renovation/Land/

Services/Study

Services/Study

Salary and Benefits

Other

Expense/Equipment/Travel/Supplies/

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

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

Total State Funds Requested (must equal total from question #6)

Utilities

Consultants

Custodians, Food Server



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Daily meals served at the DPJCC and the Daniel Cantor Senior Center will maintain or improve the nutritional status of the elderly community who receive meals through these funds. As well, the activities at the DPJCC enhance dignity and support independence. The program strives to meet the needs of the elderly community so the participants can maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement. Post Covid, this program has become an essential lifeline for older people to prevent isolation. Further, the majority of our elderly come to eat at least three times a week and benefit from the programs we run during lunch, but also just before and after.

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

Participants receive a nutritious Kosher meal 5 days a week (Monday through Friday) excluding holidays. During lunch, the Senior Lunch Coordinator develops relationships with those attending, and keeps an eye on how they are doing. We offer games and entertainment during lunch itself. Puzzles are used to encourage mental stimulation and entertainment (mainly singing, or bingo) provides conversation and enjoyment. Further, we run a number of classes before and after lunch for this group. Some of these are exercise based, others are for wellness and then for enrichment. We are able to offer multiple classes per day built around the lunch program.

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

Participants receive 1 Kosher nutritious meal 5 days per week (Monday through Friday excluding holidays.) They also receive group counselling services by a licensed MSW, as well as access to the enrichment and wellness classes.

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

Individuals 60 years of age or older, and across both sites, we serve 130 meals per day, or 650 per week.

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

The outcome is that the majority of the program participants improve their nutritional status as measured by the Nutrtition Score portion of the Uniform Client Assessment.

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?

Reassessment of the grant and new possible performance measures.

5. Requester Contact Information						
a. First Name	Scott		Last Name	Ehrlich		
b. Organization	David Posnack	David Posnack Jewish Community Center				
c. E-mail Address	sehrlich@dpjcac.org					
d. Phone Number	(954)434-0499		Ext.	313		
6. Recipient Contac	6. Recipient Contact Information					
a. Organization	Organization David Posnack Jewish Community Center					
b. Municipality an	b. Municipality and County Broward					
c. Organization Ty	c. Organization Type					
□For Profit Entity						
☑Non Profit 501(c)(3)						
□Non Profit 501(□Non Profit 501(c)(4)					
□Local Entity						



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□University or Co	□University or College					
□Other (please sp	□Other (please specify)					
d. First Name	Scott	Last Name	Ehrlich			
e. E-mail Address	sehrlich@dpjcc.org					
f. Phone Number (954)434-0499						
17. Lobbyist Contact Information						
a. Name	Ellyn Bogdanoff					
b. Firm Name	Becker & Poliakoff PA					
c. E-mail Address	ebogdanoff@beckerlawye	ers.com				
d. Phone Number	(954)364-6005					