



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2608

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

In Keeping with the nation's desire to enhance the quality of life for our senior residents, the Senior Program will support high quality low-cost activities and nutrition for senior residents. The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise and nutrition; this program will minimize service gaps for our senior population that may suffer from depression.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	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	500,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	250,000	398	No

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.

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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Four million (\$4,000,000) total: Two million (\$2,000,000) Food assistance cash cards; Two million (\$2,000,000) Various City activities to minimize the impact of the Covid-19 pandemic.

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

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	Program driver, case workers, staffing	25,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Program Coordinator and staff	300,000
Expense/Equipment/Travel/Supplies/Other	Weekly activities through shuttle bus transportation, social activities recreational activities, health fairs, exercise, and transportation	135,000
Consultants/Contracted Services/Study	Nutrition delivery and assistance, elderly errand services.	40,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

14. Program Performance

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

In Keeping with the nation's desire to enhance the quality of life for our senior residents, the Senior Program will support high quality low-cost activities and nutrition for senior residents. The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise and nutrition; this program will minimize service gaps for our senior population that may suffer from depression.

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



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The Senior Program will support high quality low-cost activities and nutrition for senior residents to provide nutrition delivery and assistance and Elderly errand services.

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

The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise and nutrition; this program will minimize service gaps for our senior population that may suffer from depression.

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

The target population to be served are elderly persons, developmentally disabled. The project is expected to serve over 800 individuals.

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

The benefit is for adults who participate in senior center programs can learn to manage and delay the onset of chronic disease and experience measurable improvements in thier physical, social, spiritual, emotional, mental, and economic well-being. The method: We will evaluate the programming by collecting and analyzing information related to a program or some aspects of it, so we can interpret its actual performance. We plan to evaluate the program as a whole, including cost/benefit analysis, effectiveness, efficiency, goal-based, process and outcomes. .

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?

Standard penalties will apply.

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



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e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number