



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1097

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Improved nutrition, social interaction, transportation, improved mental health, and overall health through access to home delivered meals, groceries, transportation, assessments and other services thereby stabilizing risk; adequate nutrition and other in-home services are vital to the health and wellbeing of seniors; improved / stabilized mental health functioning due to improved services and social interaction which are critical for elders facing isolation and depression due to loneliness.

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	550,000
Fixed Capital Outlay	0
Total State Funds Requested	550,000

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)	550,000	48%
Matching Funds		
Federal	180,000	16%
State (excluding the amount of this request)	0	0%
Local	270,000	24%
Other	130,000	12%
Total Project Costs for Fiscal Year 2024-2025	1,130,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	550,000	104	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.**

There are no funds in lieu of state funding; however, there are federal, local and other funds provided to the organization to deal with the food insecurity and malnutrition issues for the elder individuals in the Miami-Dade area.

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



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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?

- 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	Executive Director / Project Lead	10,000
Other Salary and Benefits	Administrative Assistant and Data Entry Clerk	12,000
Expense/Equipment/Travel/Supplies/Other	Communications, utilities, printing, supplies, equipment, licenses	4,000
Consultants/Contracted Services/Study	Bookkeeping, audit firm	6,000
Operational Costs: Other		
Salary and Benefits	Portions of three social worker salaries and one bus driver	75,000
Expense/Equipment/Travel/Supplies/Other	Home delivered meals, gasoline, insurance, supplies for client transportation for shopping, mileage reimbursement	438,000
Consultants/Contracted Services/Study	Nutrition Consultant	5,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		550,000

14. Program Performance

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

Improved nutrition, social interaction, transportation, improved mental health, and overall health through access to home delivered meals, groceries, transportation, assessments and other services thereby stabilizing risk; adequate nutrition and other in-home services are vital to the health and wellbeing of seniors; improved / stabilized mental health functioning due to improved services and social interaction which are critical for elders facing isolation and depression due to loneliness.



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

Home delivered meals, transportation, screening and assessments, telephone reassurance and other services to elderly residents who are at risk, and homebound.

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

Home delivered meals, seven days per week, to elderly residents at risk of hunger and malnutrition. Transportation, screening and assessments, social interaction, telephone reassurance and other services provided to at-risk and homebound elders.

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

Elder persons at risk of malnutrition and food insecurity.

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

Improved / stabilized mental health functioning due to improved nutrition, transportation, assessments, social interaction, telephone reassurance and other services for isolated elders at risk and elders facing isolation and depression due to loneliness.

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?

If meals, transportation, assessments and other services are not delivered, no payment is received. Provider must follow all Dept of Elder Affairs Program Manual requirements.

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)



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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