



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2775

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

In Northeast Florida, 1 in 7 seniors are faced with the realities of hunger – nearly doubling national estimates. That would be 83,300 of older adults age 60+ in NE FL (Feeding Northeast Florida). Food insecure seniors (age 60+) are 64% more likely to report a heart attack, 78% more likely to develop asthma, 262% more likely to experience depression, and 74% more likely to have Diabetes than food secure seniors. More than 3,300 older adults are on the waiting list for home delivered meals in our seven counties. Providing healthy, nutritious, well balanced meals appropriate for older adults will help in addressing these needs.

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	350,000
Fixed Capital Outlay	0
Total State Funds Requested	350,000

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)	350,000	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 2024-2025	350,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	250,000	SF2164	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.

Other funding for similar services are already being utilized. Unmet needs remain which this funding would help address where the other funding is not available to.

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.

We received a total of \$7,680,553 in federal funds for a variety of purposes including meals, in home services, services to address social isolation such as telephone reassurance and mental health counseling, to purchase PPE, and to help with outreach, education and access to vaccines. Services were provided through our contracted providers throughout our 7 county region. This funding has now been all spent.

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	This covers portion of salary and benefits for fiscal specialist, contract manager, CFO and VP of Planning and Programs and administrative support staff responsible for the management, oversight and compliance of the funds and services.	50,000
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	Contract with service providers to provide well balanced, nutritious meals appropriate for frail, homebound older adults.	300,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		350,000

14. Program Performance



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

The purpose of these finds is to reduce older adult nutritional risk which if not addressed can leave the older adults hungry, exacerbate other health conditions and impact there overall health. The goal is to reduce their nutrition risk and keep them nourished and healthier longer.

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

The funds will provide for meals to those who need them. Frail elders have difficulty accessing and preparing healthy nutrition meals, leaving them hungry and at risk of malnutrition, often leading to other preventable health conditions.

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

Healthy, well balanced, nutrition meals appropriate for older adults will be delivered to their door.

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

Approximately 250-300 older adults residing in our 7 county region of Northeast Florida.

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

The expected benefit is the reduced the risk malnutrition of those served. Each client has a nutrition assessment. We will be able to measure their scores prior to receiving services and subsequent to receiving 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?

Providers that are not meeting deliverables will be placed on a corrective action plan and if performance continues to fall short of targets, funds can be shifted to providers who are exceeding targets and have capacity to serve additional seniors.

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



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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