



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Community Coalition, Inc. - Home Delivered Meals Hot

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 12/04/2017

4. **Project/Program Description:**

Deliver hot meals to participants home, 5 days a week.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Elder Affairs

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
250,000		250,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 250,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 5

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		250,000	250,000

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

To assist at-risk, low income elders 60 years of age or older that are homebound in maintaining an acceptable quality of life in their own home. We provide them with a well balanced, home delivered hot meals, 5 times a week (Monday-Friday). Nutrition is part of the fundamental necessity to maintain our elders healthy and thereby preventing early institutionalization

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

We will assess all participants and when they meet the requirements of the program, we will provide daily delivery of hot meals to homebound elders Monday through Friday. We will also provide them with a monthly nutritional letter.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	10% of Executive Director salary, FICA/MICA worker compensation, health, dental, life and disability insurance are the benefits being charge to this program. 10% is the % allotted to the Executive Director in this program.	11,833



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<input checked="" type="checkbox"/> Other Salary and Benefits	10% of Fiscal Officer salary, FICA/MICA worker compensation, health, dental, life and disability insurance are the benefits being charge to this program. 10% is the % allotted to the Fiscal Officer in this program.	11,727
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Audit, Accounting/Professional Fees (I9 and other tax forms, etc) and Payroll charges	2,100
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Program Director, Program Assistant, Assessment Specialist and a clerk are the salaries charged to this program. Benefits allocated are for FICA/MICA, workers compensaion, health, life dental, disability and retirement equal to the % allotted to this program for each employee.	64,623
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Building rent, telephone, cell phones, storage, internet, equipment rental and maintenance, office supplies, printing services, and postage.	15,842
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Greater Miami Caterers-Catering Services and Lourdes Martinez - Nutritionist.	143,875
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		



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TOTAL

250,000

d. What are the direct services to be provided to citizens by the appropriations project?

Each participant will receive daily hot meals delivered to their homes 5 days a week, as well as, a monthly nutritional letter that provides information about nutrition and health.

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

Participants that are 60 years of age or older and are at poverty level or below, have mobility and self care limitations and limited English proficiency. We are presently serving 128 participants

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

Nutrition is an important part of the fundamentals necessary to maintain our elders healthy and thereby preventing early institutionalization. By providing daily home delivered hot meals to our at-risk, low income elders 60 years of age or older that are home bound resulting in their ability to maintain an acceptable quality of life in their own home. 2016 County Level Data - Profile of Older Floridians (DEOA).

g. 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 in the contract?

The standard penalties are sufficient.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Elsa Someillan
- b. **Organization:** Community Coalition, Inc.
- c. **Email:** elsa@communitycoalitioninc.org
- d. **Phone Number:** (305)854-2882

14. Recipient Contact Information:

- a. **Organization:** Community Coalition, Inc.
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)



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d. Contact Name: Aleida C. Blanco

e. E-mail Address: cblanco@communitycoalitioninc.org

f. Phone Number: (305)854-2882

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: