



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** NEIGHBORLY CARE NETWORK ELDER MEALS PROGRAM

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 01/17/2018

4. **Project/Program Description:**

PROVIDE MEALS TO HOMEBOUND ELDERLY PERSONS.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Elder Affairs

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

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
812,500		812,500

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	296,000	26.7%
Other	0	0.0%
TOTAL	296,000	26.7 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,108,500

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18
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	(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:			

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

Yes

a. If yes, indicate non-recurring amount per year.

YES, \$812,500

11. Program Performance:

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

PROVIDE MEALS TO SENIORS WHO MIGHT OTHERWISE BE PLACED IN NURSING HOME CARE DUE TO INADEQUATE FOOD AND NUTRITION.

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

DELIVER HOT MEALS DAILY.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	FOOD	562,500
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	DELIVERY	250,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		812,500

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

DELIVERY HOT MEAL DAILY TO 500 SENIOR CLIENTS.

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

SENIORS OVERS 60 YEARS OF AGE.

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

IMPROVEMENT OF NUTRITIONAL HEALTH. MEASURE USING NUTRITIONAL RISK ASSESSMENT TOOL AND SURVEY.

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?

SANCTIONS, TERMINATION OF CONTRACT, REPAYMENT OF FUNDS.

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: Debra Shade
- b. Organization: NEIGHBORLY CARE NETWORK, INC.
- c. Email: dshade@neighborly.org
- d. Phone Number: (727)573-9444

14. Recipient Contact Information:

- a. Organization: NEIGHBORLY CARE NETWORK, INC.
- b. County: Pinellas
- c. Organization Type:
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)



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- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Debra Shade

e. E-mail Address: dshade@neighborly.org

f. Phone Number: (727)573-9444

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

a. Name: Robert Blair

b. Firm: CORCORAN & JOHNSTON

c. Email: matt@corcoranfirm.com

d. Phone Number: (813)527-0172