



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Miami Springs Senior Center Supplemental Meals and Services

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 01/20/2018

4. **Project/Program Description:**

Funding is requested to: 1) extend our M-F home delivered nutritionally-hot meal program for frail homebound elderly clients with weekend and breakfast deliveries and emergency shelf-stable meals; 2) provide physical and mental health support activities (adult fitness classes including chair exercise, yoga, aerobics, dance and Tai Chi for arthritis); and 3) provide arts-based recreational activities that promote socialization and target the isolation and depression prevalent in a senior population.

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
145,944		145,944

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	20,000	12.1%
Other	0	0.0%
TOTAL	20,000	12.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 165,944

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) 1

c. What is the most recent fiscal year the project was funded? 2014-15



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No  
e. Complete the following Worksheet.

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

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

Yes

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

\$145,944

**11. Program Performance:**

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

The goal is to improve the physical and emotional well-being of Miami Springs seniors by providing consistent nutritional meals, physical activities, enrichment and education programs and vital social interaction.

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

Services include free lunches, Monday - Friday and daily activities that include a variety of exercise, enrichment classes and social activities/outings. In addition, funds will enable the City of Miami Springs to increase and sustain meal services to homebound/frail residents to include breakfast, weekend and emergency shelf stable food deliveries.

- 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		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contracted Services- Catering & Educational Staff	145,944
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		145,944

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

275 Home-delivered shelf-stable emergency meal, 5720 home delivered weekend meals, 20,075 home delivered breakfast meals, 602 physical and mental health support classes and 100 2-hour recreation activities classes (dancing, art, drama, drumming).

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

Underserved low-income senior citizens of Miami Springs. 400 expected to be served

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

The expected outcome is improved nutrition for our frail and elderly homebound clients and stabilized or improved physical and mental health for seniors who are able to come to the senior center. The outcome will be measured through annual client assessments completed and recorded in the State of Florida CERTS system.

**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 contracting agency may consider a reduction in allocations if data collected reflects a smaller population served or if assessments do not adequately demonstrate the effectiveness of the services and support provided.

**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:** William Alonso



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## *Local Funding Initiative Request - Fiscal Year 2018-2019*

- b. **Organization:** City of Miami Springs
- c. **Email:** alonsow@miamisprings-fl.gov
- d. **Phone Number:** (305)805-5011

### **14. Recipient Contact Information:**

- a. **Organization:** City of Miami Springs
- 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) Local City
- d. **Contact Name:** William Alonso
- e. **E-mail Address:** alonsow@miamisprings-fl.gov
- f. **Phone Number:** (305)805-5011

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

- a. **Name:** Jose Fuentes
- b. **Firm:** Becker & Poliakoff
- c. **Email:** jfuentes@bplegal.com
- d. **Phone Number:** (305)262-4433