



# The Florida Senate

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

1. **Title of Project:** City of Hialeah Gardens-Elder Meals Program

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 01/23/2018

4. **Project/Program Description:**

Provide meals to seniors

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
292,000		292,000

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):** 292,000

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) 3

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:		245,532	245,532

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

Yes

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

292,000

### 11. Program Performance:

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

The requested funds are for the provision of meals for the elderly residents of Hialeah Gardens by administering and operating the Hot Lunch program.

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

Congregate meals, nutrition education, and nutrition counseling

#### 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	Funds will be used to pay the cost of the meals.	292,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		292,000

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

Through the provision of congregate and home-delivered meals, this funding can enrich the quality of life of the elderly citizens of Hialeah by nurturing healthy eating habits. Funding will also contribute to education with mass educational nutrition presentations and one-on-one nutrition counseling.

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

The City of Hialeah Gardens Elderly population

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

Main benefit of the program is to provide free lunch for the elderly, contributing to the improvement of the life of the participants. Financially, we expect a very close Expense to Income result.

**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?**

Withhold a percentage of payments until deliverables are met.

**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.**

None

**13. Requestor Contact Information:**

- a. Name: Yiozet De La Cruz
- b. Organization: City of Hialeah Gardens
- c. Email: ydelacruz@cityofhialeahgardens.com
- d. Phone Number: (305)558-4114

**14. Recipient Contact Information:**

- a. Organization: City of Hialeah Gardens
- b. County: Miami-Dade
- c. Organization Type:



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

- ☐ For Profit
- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☒ Other (Please specify) City

**d. Contact Name:** Robert Lorenzo

**e. E-mail Address:** rlorenzo@cityofhialeahgardens.com

**f. Phone Number:** (305)558-4114

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

**a. Name:** Eddy Gonzalez

**b. Firm:** Sun City Strategies

**c. Email:** egonzalez102@yahoo.com

**d. Phone Number:** (786)351-5849