

The Florida Senate Local Funding Initiative Request Fiscal Year 2019-2020

- 1. Title of Project: Little Havana Activities and Nutrition Center Elderly Meals Program
- 2. Senate Sponsor: Anitere Flores
- **3.** Date of Submission: 02/07/2019
- 4. Project/Program Description:

113,832 congregate meals will be provided to 150 unduplicated elderly persons 60 years of age or older. 49,400 home delivered meals will be provided to 50 unduplicated elderly homebound persons. Outcome: 66% of the clients receiving meals will maintain or improve their nutrition score. Methodology: Compare initial assessment score to annual reassessment score utilizing the DOEA Uniform Assessment Tool 701.

5. State Agency to receive requested funds : Department of Elder Affairs

State Agency Contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	500,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	500,000	100.0%

8. Has this project previously received state funding? Yes

Fiscal Year	Amount		Specific	
(уууу-уу)	Recurring	NonRecurring	Appropriation #	Vetoed
2018-19	334,770		397	No

- 9. Is future-year funding likely to be requested? Yes
 - a. If yes, indicate non-recurring amount per year. \$500,000

10. Details on how the requested state funds will be expended

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Spending Category
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Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Salaries and benefits for the program administrator that oversees the program.	43,000
Other Salary and Benefits	Salaries and benefits for the accounting staff assigned to the program.	7,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	Salaries and benefits of program site coordinators and program staff.	286,768
Expense/Equipment/Travel/Supplies/Other	Funds requested will be used to provide 113,832 congregate meals to 150 unduplicated senior center participants. Funds will be used to provide 49,400 home delivered meals to 50 unduplicated homebound elderly.	163,232
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Re	novation:	
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must e	equal total from question #6)	500,000

11. Program Performance:

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

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

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

Funds requested will be used to provide 113,832 congregate meals to 150 unduplicated senior center participants. Funds will be used to provide 49,400 home delivered meals to 50 unduplicated homebound elderly.

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

Frail, elderly persons 60 years of age or older. Approximately 200 individuals are expected to be served.

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



66% of new consumers with a "high risk" nutritional score in the DOEA 701A or DOEA 701A assessment forms that maintained or improved at their next assessment. Method: Compare initial assessment score to annual reassessment score utilizing the DOEA Uniform Assessment Tool 701.

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 in the contract?

Not funding the request a subsequent year.

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: Rafael Iglesias
 - b. Organization: Little Havana Activities & Nutrition Centers of Dade County, Inc.
 - c. E-mail Address: RIglesias@LHANC.org
 - d. Phone Number: (305)858-0887 Ext. 1247

14. Recipient Contact Information:

- a. Organization: Little Havana Activities & Nutrition Centers of Dade County, Inc.
- b. County: Miami-Dade

c. Organization Type:

- O For Profit
- Non Profit 501(c) (3)
- O Non Profit 501(c) (4)
- O Local Entity
- O University or College
- O Other (Please specify)
- d. Contact Name: Betty Ruano
- e. E-mail Address: BRuano@Lhanc.org
- f. Phone Number: (785)234-6524

15. Lobbyist Contact Information

- a. Name: Andreina D. Figueroa
- b. Firm Name: ADF Consulting
- c. E-mail Address: ADF@ADFConsulting.com
- d. Phone Number: (786)586-7001