



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2583

1. **Title of Project:** City of Hialeah Gardens - Elder Meals Program
2. **Senate Sponsor:** Manny Diaz
3. **Date of Submission:** 03/18/2019
4. **Project/Program Description:**  
Hot Lunch Program - Provision of daily congregate meals to the elderly population of Hialeah Gardens.
5. **State Agency to receive requested funds :** Department of Elder Affairs  
State Agency Contacted? Yes
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	292,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>292,000</b>

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)	292,000	100.00%
Federal		0.00%
State (excluding the amount of this request)		0.00%
Local		0.00%
Other		0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>292,000</b>	<b>100.0%</b>

8. **Has this project previously received state funding? Yes**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		245,532		No

9. **Is future-year funding likely to be requested? Yes**
  - a. **If yes, indicate non-recurring amount per year. \$292,000**

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		



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Expense/Equipment/Travel/Supplies/Other	Funds used to pay for the meals.	292,000
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning		
Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>292,000</b>

**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 and Activities and Homebound Meals Programs, and delivering meals to homes and at various congregate meal sites.

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

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

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

The elderly population of Hialeah Gardens. About 350 persons are served.

**e. 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. The performance data to be used to document the project operation will be to provide around 400 meals to elderly citizens. Other performance measures will be Nutritional Education classes, and Nutritional Screenings.

**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?**

Audit and Loss of Funding.

**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



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#### 13. Requestor Contact Information:

- a. **Name:** Yioiset De La Cruz
- b. **Organization:** City Of Hialeah Gardens (Mayor)
- c. **E-mail Address:** ydelacruz@cityofhialeahgardens.com
- d. **Phone Number:** (305)558-4114

#### 14. Recipient Contact Information:

- a. **Organization:** City Of Hialeah Gardens (Mayor)
- 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)
- d. **Contact Name:** Yioiset De La Cruz
- e. **E-mail Address:** ydelacruz@cityofhialeahgardens.com
- f. **Phone Number:** (305)558-4114

#### 15. Lobbyist Contact Information

- a. **Name:** Eddy Gonzalez
- b. **Firm Name:** Sun City Strategies
- c. **E-mail Address:** egonzalez102@yahoo.com
- d. **Phone Number:** (786)351-5849