



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1229

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

2. **Senate Sponsor** Manny Diaz

3. **Date of Request** 11/12/2019

4. **Project/Program Description**

Program provides breakfast and lunch to the elderly population of Hialeah Gardens.

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

State Agency contacted? ☒ Yes ☐ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	292,000
Fixed Capital Outlay	000
Total State Funds Requested	292,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	292000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	292,000	100 %

8. **Has this project previously received state funding?** ☒ Yes ☐ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	00	292,000	398	No

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ No

If yes, indicate nonrecurring amount per year. 292,000



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Funds for the elderly Meals	292,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		292,000



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11. Program Performance

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

Funds will be spent to provide nutritious meals to the elderly population of Hialeah Gardens.

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

The program will feed elderly residents who attend the Hialeah Gardens Senior Center and homebound residents who are unable to leave their homes.

c. What direct services will be provided to citizens by the appropriation project?

Hot meals

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

Residents of Hialeah Gardens age 60 and over.

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

Elderly residents are given an opportunity to have two full healthy meals a day and are also able to interact and socialize with other seniors.

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?

The Hialeah Gardens Senior Center is monitored on a yearly basis by the Alliance for Aging which is an agency that falls under the Department of Elder Affairs. The monitoring checks for compliance with all rules and regulations required by the state.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

The Hialeah Gardens Senior Center is a government agency.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☐ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☒ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.