



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1253

1. **Project Title** 2. **Senate Sponsor** 3. **Date of Request** 4. **Project/Program Description**

Senior Center program includes transportation services to seniors across Miramar and surrounding cities, providing access to healthcare, nutritious lunch, health and wellness activities, recreation, counseling services and socialization for low-income, frail elders 60 years of age and older. Additionally, funds provide transportation of seniors to and from senior centers as well as to medical appointments, dialysis, prescription pickup, and grocery shopping.

5. **State Agency to receive requested funds** State Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input type="text" value="685,592"/>
Fixed Capital Outlay	<input type="text" value="000"/>
Total State Funds Requested	<input type="text" value="685,592"/>

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)	<input type="text" value="685592"/>	<input type="text" value="24.0"/> %
Matching Funds		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="2,200,000"/>	<input type="text" value="76"/> %
Other	<input type="text" value="00"/>	<input type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	<input type="text" value="2,885,592"/>	<input type="text" value="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		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ NoIf yes, indicate nonrecurring amount per year.



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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		
Consultants/Contracted Services/Study	Daily breakfast and meals for senior center participants. Additionally, funds provide transportation of seniors to and from senior centers as well as to medical appointments, dialysis, prescription pickup, and grocery shopping.	685,592
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		685,592



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11. Program Performance

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

Senior Centers which serve seniors across the City of Miramar as well as regionally in surrounding cities. Programs and services includes transportation for seniors providing access to healthcare, nutritious lunch, health and wellness activities, recreation, counseling services and socialization for low-income, frail elders 60 years of age and older. Additionally, funds provide transportation of seniors to and from senior centers as well as to medical appointments, dialysis, prescription pickup, and grocery shopping.

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

Transportation to access healthcare, health and wellness activities, individual and group counseling, nutrition, recreation and socialization.

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

Transportation to access healthcare, health and wellness, individual and group counseling, nutrition, recreation and socialization.

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

Low-income, frail elders 60 years of age and older. Expect to serve 125 to 250 individuals daily, Monday through Friday (250 days/year).

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

Expected benefits/outcomes include, but are not limited to, improved balance, strength, flexibility, mood, nutrition, access to healthcare, education and life enrichment through opportunities to socialize with peer groups. Outcomes will be measured utilizing self-report surveys. Additionally, data regarding improvements in health, e.g., blood pressure and pain management will be compiled and tracked to assess improvement and/or need to modify plan. Lastly, centers will compare initial assessment to annual reassessment of elderly participants.

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?

Penalty for failing to meet deliverables or performance measures would result in return of funds or non-reimbursement.



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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.**

City of Miramar.

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.