



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2266

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The meals and the staff used to provide the meals are the direct service. LHANC will provide 125 homebound, elderly clients with one (1) hot meal a day, 5 days a week for a total of 29,428 meals to be served for the program year.

29,428 home delivered meals will be provided to 125 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**
- State Agency contacted?  Yes  No

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

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="154,500"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>154,500</b>

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 style="width: 80%;" type="text" value="154500"/>	<input style="width: 80%;" type="text" value="8.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="1,435,870"/>	<input style="width: 80%;" type="text" value="77"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="219,222"/>	<input style="width: 80%;" type="text" value="12"/> %
Local	<input style="width: 80%;" type="text" value="56,975"/>	<input style="width: 80%;" type="text" value="3"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>1,866,567</b>	<b>100</b> %

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 style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="334,770"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="398"/>	<input type="checkbox"/> No

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

If 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Salaries and benefits for the program administrator that oversees the day-to-day operations of the program and supervises the program staff.	10,000
Other Salary and Benefits	Salaries and benefits for the accounting staff assigned to the program.	5,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Funds will be used to provide 29,428 hot, home delivered meals, 1 time per day, 5 days a week to 125 unduplicated homebound elderly.	139,500
<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>154,500</b>



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## 11. Program Performance

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

The funds being requested are to serve hot, home delivered meals to frail, homebound older adults. The meals and the staff used to provide the meals are the direct service. LHANC will provide 125 homebound elderly clients with one (1) hot meal a day, 5 days a week for a total of 29,428 meals to be served for the program year.

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

LHANC will provide 125 homebound elderly clients with one (1) hot meal a day, five (5) days a week for a total of 29,428 meals to be served for the program year.

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

The direct service is the provision of one (1) hot meal, once per day, five (5) days per week.

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

LHANC will provide 125 homebound, elderly clients with one (1) hot meal a day, 5 days a week, for a total of 29,428 meals to be served for the program year. Eligibility is defined by the DOEA Program and Services Handbook for Home Delivered Meals.

- 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. 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 service any further.



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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.**

Not applicable

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.