



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1001

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

4. **Project/Program Description**

Funding is requested to: 1) Extend our M-F home delivered hot lunch program for frail housebound elderly clients to include seven day a week breakfast deliveries and weekend lunch deliveries, 2) provide physical and mental health support activities (adult fitness, classes including chair exercise, yoga, aerobics, dance, and Tai Chi for arthritis), and 3) provide acts-based recreational activities that promote socialization and target the isolation and depression prevalent in a senior population. This years request includes an additional \$20,000 in funding to cover the costs of Virginia Gardens residents that use our facility. The costs for these clients has been subsidized by the Village of Virginia gardens in the past.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	215,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>215,000</b>

7. **Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	215,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>215,000</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	185,944		No

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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If yes, indicate the amount of funds received and what the funds were used for.

\$28,500 from FEMA reimbursement for PPE and COVID testing.

#### 11. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Contracted Services-Catering & Educational Staff	210,000
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Supplies	5,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>215,000</b>

#### 12. Program Performance

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

The goal is to improve the physical and emotional wellbeing of Miami Springs/Virginia Gardens seniors by providing consistent nutritional meals, physical activities, enrichment and educational programs and vital social interaction.

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

Funds will enable the City of Miami Springs to expand health support programs such as daily activities that include a variety of exercise, enrichment classes and social activities, outings as well as enabling the City to continue providing vital nutritional services to frail and vulnerable housebound residents of Miami Springs and the neighboring Village of Virginia Gardens.

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

Approximately 20,100 homes delivered breakfast meals, 620 physical and mental health support classes and 100 2-hour recreation activities classes (art, music and cultural performances)

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

Under served low-income senior citizens of Miami Springs and Virginia gardens. 500 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?

The expected outcome is improved nutrition for our frail and elderly housebound clients and stabilized or improved physical and mental health for seniors who are able to come to the senior center. The outcomes will be measured through annual client assessments completed and recorded in the State of Florida CITS system.

##### 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 the contract?



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The contracting agency may consider a reduction in allocation if data collected reflects a smaller population served or if assessments do not adequately demonstrate the effectiveness of the services and support provided.

- 13. 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 owner of the facility is the City of Miami Springs.



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#### 14. Requestor Contact Information

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

#### 15. 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) Local Government

d. First Name  Last Name   
e. E-mail Address   
f. Phone Number

#### 16. Lobbyist Contact Information

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