



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1568

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

**4. Project/Program Description**

The four senior centers located in Clay County require critical health and safety improvements to provide the seniors served by these senior centers with a safe and secure environment. Aging True assumed operation of the four senior centers in 2019 after many years of operation by Clay County Council on Aging who became insolvent. More than 48,835 residents of Clay County are age 65 and older and more than 11,000 seniors are age 80+. Most of the seniors served by Aging True have two or more disabilities and are living at or below federal poverty standards; therefore, relying on the nutrition, social services and transportation provided through the four Clay County senior centers. There are no additional state or local funds available to pay for the needed security, sanitation and safety upgrades needed at each of these senior centers.

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

**6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	225,000
<b>Total State Funds Requested</b>	<b>225,000</b>

**7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	225,000	90%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	25,000	10%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>250,000</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21		110,000	406B	Yes

9. **Is future funding likely to be requested?**  No
- a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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Yes

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

Nutrition (home delivered and meals distributed from four senior sites), social services, and transportation for seniors and frail homebound individuals.\$184,000

**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		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Keystone Heights-Senior Center lighting, plumbing, electrical, and security upgrades, including fire panel and emergency call system. Appliances and monitoring equipment, purchase and installation. Acquisition and installation of utility building and freezer for on-sight storage of emergency and frozen meals.	225,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>225,000</b>

**12. Program Performance**

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

Life, Health, and Safety improvements will be made to repair and improve the senior centers that many Clay County seniors depend upon on a daily basis to help them remain independent, remain in their homes, and to remain in the community.

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

After funds are secured, Aging True will produce a scope of work, solicit bids from eligible licensed providers, then select and contract with successful bidders to make improvements to the senior facilities in Clay County

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

These funds are needed to address/correct health, life and safety concerns in four Clay County senior centers where seniors receive an array of services including meals, health/wellness activities, etc. that prevent isolation, promote wellness and assist seniors to remain independent.

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

All seniors who attend the Senior centers in Clay County will benefit from the requested renovations. Total seniors who attended the four senior sites in Clay County in 2020-2021, have exceeded 1,000 individuals.

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



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All who attend the Clay County senior centers will experience improved safety, security, and access from the proposed improvements.  
Seniors served will be safe from harm and danger.  
Staff serving seniors at the four senior centers will be safe from harm.  
Health and sanitation will be vastly improved at the centers.  
Outcomes will be measured by the completion of health, life, and safety renovations.

**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?**

If renovations are not completed per contract/scope of work, payment by Department of Elder Affairs will not be made to Aging True.

**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 four senior centers are owned by Clay County which leases the facilities to Aging True to operate on behalf of Clay County seniors. The funds will be received by Aging True who will contract for the completion of the essential health, life and safety improvements. Aging True is contractually responsible for operation of the senior centers through contract with Area Agency and Department of Elder Affairs.



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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)

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