

LFIR # 1573

b. Describe	the source of	r tunding tha	at can be used	uo	a or otato ramaning	•				
a. ir yes, ind	licate nonrec	•		d in lie	u of state funding		T			
9. Is future fun	•	•		[No		7			
							ı			
(уууу-у		curring	Nonrecurr	ing	Appropriation #					
Fiscal Ye	ear	Amount			Specific	Vetoed	1			
8. Has this pro	ject previous	ly received	state funding	ı? [No					
Total Project	t Costs for F	iscal Year 20	022-2023		1,500,000	100%				
Other						0%	7			
Local		5			200,000	13%	7			
	ding the amou	nt of this rea	uest)		0	0%	┪			
Matching Fu Federal	ınas				0	0%	-			
	unds Request	ted (from que	estion #6)		1,300,000	87%	-			
Type of Fun					Amount	Percentage	4			
7. Total Project	Cost for Fis	cal Year 202	2-2023 (inclu	ding m	atching funds ava	ilable for this proj	ject)			
Total State I	Funds Reque	sted		1,300,000						
Fixed Capita					1,300,000					
Operations						0	=			
Type of Fun	ding				Amo	ount				
State Agenc 6. Amount of th	y contacted? ne Nonrecurri		for Fiscal Ye	ar 202	2-2023					
5. State Agenc	y to receive r	requested fu	ınds Dep	oartmei	nt of Elder Affairs					
existing facili compliant, re equipment to	ty is over 100 sulting in only serve the new	years old, tw 50% of the seds of our gro	vo-story buildin space being us owing commur	ng locat sable to nity. A i	ed in downtown Ma clients. The kitche	acclenny, FL. This fands and not equivalence and not equivalence and not equivalence and a safe, ADA	on of Baker County. The acility is not ADA uipped with the proper compliant commercial			
4. Project/Prog	•						(D. 1. 0 T			
3. Date of Requ	11/2	28/2021								
2. Senate Spor	nsor Jen	nifer Bradley								
1. Project Title		Baker County Senior Life Enrichment Center								



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

CARES Funds totaled - \$4.6 million. ARPA funds totaled - \$5.6 million. (only 50% received). CARES Funds were used to stabilize small business' & non-profits, mortgage & rental assistance and COVID19 health response. ARPA funds have not been allocated for expenditure as of the date of this submittal.

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

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits	NA	0		
Other Salary and Benefits	NA	0		
Expense/Equipment/Travel/Supplies/ Other	NA	0		
Consultants/Contracted Services/Study	NA	0		
Operational Costs: Other				
Salary and Benefits	NA	0		
Expense/Equipment/Travel/Supplies/ Other	NA	0		
Consultants/Contracted Services/Study	NA	0		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering	Construction of a new 60x80 building consisting of a commercial kitchen, dining hall and restrooms. This facility will be located on a shovel-ready site currently owned by Baker County	1,300,000		
Total State Funds Requested (must equal total from question #6)				

12. Program Performance

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

The new facility would offer adequate space to continue and/or expand proper meal & nutrition programs, health/fitness and wellness programs to clients. Poor nutrition can lead to undesired weight loss and jeopardize the immune system, making a senior more susceptible to infections like the common cold or even the flu. Services would provide healthy, balanced meals and increased physical activity.

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

Congregate meals, home delivered meals, respite care, social services and social interaction. More than 200 meals are served each day from the existing facility with only two employees, due to lack of space. A new ADA compliant facility would allow the community to be better served in a safer, easily accessible site. Additionally, educational programs for seniors could be offered regarding cultural, elder abuse, senior laws, fraud awareness and nutirition.

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

The existing facility is over 100 years old, two-story building located in downtown Macclenny, FL. This facility is not ADA compliant, resulting in only 50% of the space being usable to clients. The kitchen is old and not equipped with the proper equipment to serve the needs of our growing community. A new facility would provide a safe, ADA compliant commercial kitchen, dining hall and restroom facility to better serve the senior citizens of Baker County.

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

Senior Citizens- Approximately 3,900 senior citizens live in Baker County.

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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Overall improved client health would be demonstrated through proper care and programs. Statistics show that by offering and/or encouraging social meals to seniors will increase food intake. The thought of eating alone can decrease appetite in seniors. This facility will allow seniors to improve their overall health through all programs offered and be able to age well. Additionally, the new facility would offer adequate space to continue and/or expand social activity for clients by offering arts and crafts, games (bingo, cards, word games), seasonal parties and activities and monthly birthday parties. These examples would provide investment into clients "Social Capital" or social skills; thus improving their mental health and combat social isolation. Research indicates that social capital offers health benefits that may be especially important for 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 the contract?

Failing to meet deliverables would be severely detrimental to Baker County. We simply do not have the local funding sources to complete this project. All efforts would be made to meet any deliverable or performance measure required of this funding allowance.

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.

This facility will be owned and maintained by Baker County. The facility will be managed by the Baker County Council on Aging through a lease agreement.



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14. Requestor Contact	Informati	ion							
a. First Name	Sara		Last Name	Little					
b. Organization	Baker County Board of County Commissioners								
c. E-mail Address	sara.little@bakercountyfl.org								
d. Phone Number	(904)259-5123 Ext .								
15. Recipient Contact Information									
a. Organization	Organization Baker County Board of County Commissioners								
b. Municipality and	I County	Baker							
c. Organization Type									
□For Profit Entity	□For Profit Entity								
□Non Profit 501(c	ofit 501(c)(3)								
□Non Profit 501(c	□Non Profit 501(c)(4)								
☑Local Entity	Local Entity								
□University or Co	□University or College								
□Other (please specify)									
d. First Name	Sara		Last Name	Little					
e. E-mail Address	sara.little@bakercountyfl.org								
f. Phone Number									
16. Lobbyist Contact Information									
a. Name	Chris B. Doolin								
b. Firm Name	Christian B. Doolin & Associates LLC								
c. E-mail Address	cdoolin@doolinandassoc.com								
d. Phone Number (850)508-5492									