



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1612

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Improved nutrition and transportation through access to home delivered and other meals and groceries, thereby stabilizing nutritional risk; adequate nutrition is vital to the health and well-being of seniors; improved / stabilized mental health functioning due to improved nutrition; and critical social interaction for elders facing isolation and depression due to loneliness.

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	350,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>350,000</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)	350,000	38%
<b>Matching Funds</b>		
Federal	180,000	19%
State (excluding the amount of this request)	0	0%
Local	270,000	29%
Other	130,000	14%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>930,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	250,000	391	No

9. Is future funding likely to be requested?  Yes

a. If yes, indicate nonrecurring amount per year.

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

There is no other funding that can fill this critical need, although North Miami Foundation for Senior Citizens does provide significant local matching funds.

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

Yes



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

Coronavirus Consolidation Appropriations Act funding was received between 02/01/2021 - 09/30/2022 at the approved contract amount of \$37,237.27. The funds are used for Home Delivered Meals, Screening and Assessment, Nutrition Counseling, and Nutrition Education.

**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	Executive Director / Project Head time	12,000
Other Salary and Benefits	Administrative Assistant and Data Entry Clerk	14,000
Expense/Equipment/Travel/Supplies/Other	Communications, utilities, printing, supplies, equipment, licenses	5,000
Consultants/Contracted Services/Study	Bookkeeping, nutrition consultant and audit firm	17,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Portions of three social worker salaries and one backup bus driver	60,000
Expense/Equipment/Travel/Supplies/Other	Gasoline, insurance, supplies for client transport to shopping, and mileage reimbursement	11,000
Consultants/Contracted Services/Study	Home delivered meals	231,000
<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>350,000</b>

**12. Program Performance**

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

Improved nutrition and transportation through access to home delivered and other meals and groceries, thereby stabilizing nutritional risk; adequate nutrition is vital to the health and well-being of seniors; improved / stabilized mental health functioning due to improved nutrition; and critical social interaction for elders facing isolation and depression due to loneliness.

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

Home delivered meals and transportation, seven days per week x 365 days per year, to elderly residents at risk of hunger and malnutrition.

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

Home delivered meals and transportation, seven days per week x 365 days per year, to elderly residents at risk of hunger and malnutrition.

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

Elders at nutritional risk; serving 201-400 additional at-risk elderly persons.

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

Improved / stabilized mental health functioning due to improved nutrition; and critical social interaction for isolated elders at risk of malnutrition and elders facing isolation and depression due to loneliness.

**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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If meals are not delivered, no payment is received. Provider must follow all Department of Elder Affairs Program Manual requirements for home-delivered meals.

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.**

N/A



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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