

# The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1299

1.	Project Title	Miami Springs Senior Center Supplemental Meals and Services						
2.	Senate Sponsor	Bryan Avila						
3.	Date of Request	01/24/2023						
4.	Project/Program De	escription						
	clients with breakfas chair exercise, yoga,	equested to: 1) extend our M-F home delivered nutritionally-hot meal program for frail home bound elderly reakfast deliveries, 2) provide physical and mental health support activities (adult fitness classes including e, yoga, aerobics, dance and Tai Chi for arthritis, and 3) provide acts-based recreational activities that promote and target the isolation and depression prevalent in a senior population.						
5.	State Agency to red	ceive requested fu	nds Depa	artme	ent of Elder Affairs			
	State Agency conta	cted? No						
<b>6.</b> <i>i</i>	Amount of the Nonr	ecurring Request	for Fiscal Yea	ar 202	23-2024			
	Type of Funding				Amount			
	Operations							
	Fixed Capital Outlay					0		
	<b>Total State Funds F</b>	Requested			750,000			
7.	Total Project Cost fo	or Fiscal Year 2023	3-2024 (includ	ling n	natching funds ava	ilable for this proj	ect)	
	Type of Funding				Amount	Percentage		
	Total State Funds Requested (from question #6)				750,000	100%		
Matching Funds								
	Federal				0	0%		
	State (excluding the	amount of this requ	est)		0	0%		
	Local				0	0%		
	Other				0	0%		
	Total Project Costs	for Fiscal Year 20	23-2024		750,000	100%		
8.	Has this project pre	eviously received s	state funding?	?	Yes			
	Fiscal Year (yyyy-yy)	Amo			Specific Appropriation #	Vetoed		
	2022-23	Recurring 0	Nonrecurrii 750	n <b>g</b> ),000	398	No		
	2022 20	01	700	,,000		110	J	
9.	ls future funding lik	cely to be requeste	d?		Yes			
a. If yes, indicate nonrecurring amount per year. 750,0					750,000			
b. Describe the source of funding that can be used in lieu of state funding.								
	NONE AT THIS TIM	ИΕ						
10	. Has the entity requ	uesting this projec	t received an	v fad	eral assistance rela	ated to the COVID-	19 nandemic?	
10	Yes	acoming tino projec	t received all	y i <del>c</del> u	Ci ai assistalite 1616	ALCA TO THE COVID-	10 pandenno:	
	If yes indicate the	amount of funds r	eceived and v	what ·	the funds were use	nd for		



11. Status of Construction

14. Program Performance

Gardens.

Planning

a. What is the current phase of the project?

ODesign

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

Total State Funds Requested (must equal total from question #6)

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

### The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1299

750.000

\$550,000 for reimbursement of PPE, COVID testing, sick pay, police hazard pay.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

	etion date of construction?  o receive, directly or indirectly, any fixed capital outlayers of the facility and the entity.	r funding. Include the
3. Details on how the requested so Spending Category	tate funds will be expended  Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		C
Expense/Equipment/Travel/Supplies/Other		C
Consultants/Contracted Services/Study		C
<b>Operational Costs: Other</b>		·
Salary and Benefits	PROGRAMS, RECREATIONAL, EDUCATION, STAFF	515,000
Expense/Equipment/Travel/Supplies/Other	SUPPLIES FOR PROGRAMS	30,000
Consultants/Contracted Services/Study	MEALS	205,000
Fixed Capital Construction/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering		C

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

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

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



a. Name

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LFIR # 1299

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 two-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?

Underserved 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 CIRTS 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?

for failing to meet	meet deliverables or performance measures provided for the contra						
Revocation of fund	Revocation of funding if project is not completed.						
15. Requester Contact Information							
a. First Name	WILLIAM		Last Name	ALONSO			
b. Organization	CITY OF MIAMI SPRINGS						
c. E-mail Address	ess ALONSOW@MIAMISPRINGS-FL.GOV						
d. Phone Number	(305)805	-5014	Ext.				
16. Recipient Contact	16. Recipient Contact Information						
a. Organization	CITY OF	MIAMI SPRING	S				
b. Municipality and	b. Municipality and County Miami-Dade						
c. Organization Type							
□For Profit Entity	IFor Profit Entity						
□Non Profit 501(c	□Non Profit 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) LOCAL GOVERNMENT							
d. First Name	WILLIAM		Last Name	ALONSO			
e. E-mail Address	e. E-mail Address ALONSOW@MIAMISPRINGS-FL.GOV						
f. Phone Number	f. Phone Number (305)805-5014						
17 Lobbyist Contact Information							

Jose K. Fuentes



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d. Phone Number	(305)260-1018