



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1329

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

4. Project/Program Description

The Town of Cutler Bay requests \$60,000 in matching funds to extend its Active Adults Services Program. The goal of this project is to assist the Town's senior citizens in aging in place while enjoying an active lifestyle that will keep them connected with the local community. Funding from the State will be used to continue recreational programs such as community outings, activities and community presentations (i.e., photography, arts & crafts, fitness classes), and an activities coordinator.

5. **State Agency to receive requested funds**

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	60,000
Fixed Capital Outlay	0
Total State Funds Requested	60,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	60,000	40%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	90,000	60%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	150,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	100,000	398	No

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.**

The Town of Cutler Bay supplements Active Adult Activities from its Parks and Recreation Budget.

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.

\$146,000-FDLE CESF for law enforcement and equipment, \$850,000-Miami-Dade CARES for law enforcement, emergency supplies, and resident financial support, \$21.89 million-ARPA.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

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

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Activities Coordinator	25,000
Expense/Equipment/Travel/Supplies/Other	Expenses to support recreation activities - General program supplies, Entrance fees into community outings, Transportation of participants (charter bus)	10,000
Consultants/Contracted Services/Study	Expenses to support recreation activities - Vendors to conduct presentations and workshops	25,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		60,000

14. Program Performance

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

The goal of this project is to assist the Town's senior citizens in aging in place while enjoying an active lifestyle that will keep them connected with the local community.

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



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The project has two components: (1) Hosting at least one community outing per month, and (2) providing community based recreation and educational presentations at the Town's Franjo Park Community Center.

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

The Town's park and recreation staff will provide direct services in the form of coordinating and chaperoning community outings, and facilitating group activities offered at the Franjo Park Community Center and other park facilities. Sample activities include; arts and crafts, group exercise, technology demonstrations (i.e.. how to use your smartphone, computer skills, photography), language classes (English/Spanish), and dance. The Town's annual Senior Games Competition recognized by the Florida Sports Foundation gives athletes the chance to qualify to compete against older adults from around Florida in the State Senior Games competition.

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

The Town will target 100 older adults age 55+. All events are open to the public.

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

The proposed project will improve mental health outcomes and overall sense of wellbeing for older adults by creating opportunities to socialize with peers, increasing physical activity through community outings and exercise classes, and maintaining mental stimulation with games and educational activities (computer classes, photography, dominoes, etc). Outcomes will be measured by the number of people served and the completion of participant surveys.

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?

The agency will not be reimbursed for project activities that do not meet the deliverables or performance measures.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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**



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e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number