



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2493

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Allowing us to continue Transportation Services for seniors at our adult day care centers, and congregate dining sites. Goal is to increase seniors served while maintaining highest safety standards and expand the number of buses for senior transportation.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</b>

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)	500,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>500,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

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?

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



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## 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
<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	Significantly higher operational costs (due to inflation) that include higher fuel, insurance and vehicle maintenance. Including purchase of new buses.	500,000
Consultants/Contracted Services/Study		0
<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>500,000</b>

### 14. Program Performance

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

Maintaining current vehicles, adding new vehicles and improvements to operate Transportation Services to better meet the needs of Pinellas County seniors. Neighborly is the only last mile transportation provided for seniors in Pinellas County.

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



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Transportation to doctor appointments, shopping trips, adult day care services, fitness, cognitive experiences, nutrition, education, home delivered meals, and congregate dining sites for Pinellas County seniors over the age of 60 and volunteer opportunities.

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

Transportation to Adult Day Care for senior citizens with physical and cognitive disorders.  
Transportation for Pinellas County seniors over the age of 60 to doctor appointments.  
Transportation for Pinellas County seniors over the age of 60 to shopping malls and congregate dining.  
Meals on Wheels home delivered meals.

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

Pinellas County residents over the age of 60, most often socially isolated, with health issues related to poor nutrition. 3,000 plus individuals are 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?**

Improved health outcomes, improved quality of life with consumer and care givers and improved satisfaction.

**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?**

Funds will be returned if transportation ceases to operate or closes due to lack of funding.

**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   
e. E-mail Address



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f. Phone Number (727)573-9444

#### 17. Lobbyist Contact Information

a. Name Anita Berry

b. Firm Name Johnston & Stewart Government Strategies, LLC

c. E-mail Address anita@johnstonstewart.com

d. Phone Number (813)345-4104