

LFIR # 3210

1. Project Title City of Hallandale Beach - Austin Hepburn Senior Mini-Center

2. Senate Sponsor Jason Pizzo

**3. Date of Request** 03/22/2023

### 4. Project/Program Description

Continue to provide critically needed community-based services to persons aged 60 years plus. The program offers stimulating recreational activities and transportation services to minimize social isolation, depression, and loneliness to avoid and/or delay nursing home placement. The program will require approximately \$111,006 in funding for annual services to senior clients/family through the Department of Elder Affairs in a safe secure environment.

5. State Ac	ency to recei	ive requested funds
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Department of Elder Affairs

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	111,006
Fixed Capital Outlay	0
Total State Funds Requested	111,006

# 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)	111,006	31%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	251,637	69%	
Other	0	0%	
Total Project Costs for Fiscal Year 2023-2024	362,643	100%	

8. Has this project previously received state funding? Yes

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
)22-23	0	103,181	398	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.

The City is always looking for grant funding and additional partners to support the City's efforts.

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

100,000

Yes

20

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



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# \$83,843.25

Areawide Council on Aging of Broward County, Inc Coronavirus Response and Relief Supplemental Appropriations Act, 2021 for Telephone Reassurance Calls and Transportation

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

# 11. Status of Construction

a. What is the current phase of the project?

OPlanning ODesign OConstruction

- 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	2 Van Drivers Part-Time, to provide door to door round trip pick up services to client, pharmacy and medical appointments, transportation to/from recreational field trips and community events. 1 Office Assistant Receptionist Part-Time provides clerical assistance in capturing daily unit of services and client contact services.	72,457			
Expense/Equipment/Travel/Supplies/ Other	Uniforms and Logo Shirts (Staff/Program Participants) to identify safety and well-being of clients in and out of the Center while attending simulating recreation trips, Special Emergency Services Assistance to aide with housing assistant, utility assistance, Rx. Printing and Binding, Program Office Supplies, Specialized Supplies, Recreational and Educational Field Trips Admission and Meals.	23,549			
Consultants/Contracted Services/Study	Instructors provide health and wellness seminars and exercise classes to promote a healthy lifestyle. Technological instruction teaches basic computer literacy training and increase social media and Internet use, which stimulates cognitive and psychomotor skills thus enhancing their daily living. Musicians, and Special Entertainment promote social engagement and positive interaction. Program promotes multi-cultural awareness	15,000			
Operational Costs: Other					
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Major Renovation:					



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Total State Funds Requested (m	ust equal total from guestion #6)	111,006
Construction/Renovation/Land/ Planning Engineering		0

### 14. Program Performance

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

Continue to provide critically needed community-based services to persons aged 60 years plus. The program offers stimulating recreational activities and transportation services to minimize social isolation, depression, loneliness to avoid and/or delay nursing home placement. The program will require approximately \$111,006 in funding for annual services to senior clients/family through the Department of Elder Affairs in a safe secure environment.

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

The City, together with the DOEA seeks to offer a year-round Senior Center to people age 60 and older. Clients will have the opportunity to participate in a wide array of recreational activities to address loneliness, isolation, increased depression, anxiety, reduced nutrition, and community engagement. Elder friendly transportation will be provided with enhanced support amenities for older adults.

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

Direct Services will include-Recreation activities: classes, educational forums, games, music enrichment, fitness activities, arts and crafts, technology, birthday and holiday celebrations. Transportation activities: field trips to museums, health fairs, botanic gardens, parks, movies, shopping, sightseeing, excursions, concerts, medical appointments, pharmacy, and grocery store excursions, etc.

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

Elderly persons, persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, the homeless, the physically disabled.

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

### be measured?

Benefit - Improved physical health by participation in moderate intensity physical activity using resistance and aerobic training to increase exercise capacity, strength, flexibility and balance. Methodology - Rate of program participants engaging in physical activities such as cardio fit, chair exercise, healthy starts, UNIPER access, Tai Chi, walking group, Yoga and Zumba.

Benefit - Improve quality of education by participation in Technology Education courses. Methodology - Instructor will observe program participants enrolled in Technology Class on improved skills/gained abilities to use technology for life skills and bill payments. Technological instruction teaches basic computer literacy training and increase social media and Internet use, which stimulates cognitive and psycho-motor skills thus enhancing their daily living. Client Satisfaction Survey.

### 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 City will be paid by the Contractor upon satisfactory completion of the tasks and deliverables as specified in the Contract upon submittal of required invoice. Failure to meet established deliverables or performance measures will result in non-payment and/or reduction of payment.

#### **15. Requester Contact Information**

a. First Name	Jeremy	Last Name	Earle
b. Organization	City of Hallandale Beach		
c. E-mail Address	jearle@cohb.org		



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d. Phone Number	(954)457	-1460	Ext.				
16. Recipient Contact Information							
a. Organization	City of Ha	City of Hallandale Beach					
b. Municipality and	d County	Broward					
c. Organization Ty	ре						
□For Profit Entity							
□Non Profit 501(c	:)(3)						
□Non Profit 501(c	:)(4)						
☑Local Entity							
□University or Co	llege						
□Other (please specify)							
d. First Name	Cora		Last Name	Daise			
e. E-mail Address	cdaise@	cohb.org					
f. Phone Number	(954)457	-1460					
17. Lobbyist Contact Information							
a. Name	Mathew	Forrest					
b. Firm Name	Ballard F	Partners					
c. E-mail Address	mat@bal	lardpartners.com	I				

d. Phone Number (561)253-3232