



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1151

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

4. Project/Program Description

The program will increase access to nutrition services by providing nutritious, home-delivered meals to vulnerable, underserved Brevard County seniors. Aging Matters in Brevard is seeking to address a funding imbalance, especially in light of ending federal COVID funding, between the needs of our community and the services available to seniors. Providing home-delivered meals to vulnerable seniors not only addresses their basic need, it also promotes independence and supports them in aging in place in their own homes, avoiding costly institutional care.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	500,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year 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.

N/A

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

12. 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Cost of meals for seniors	500,000
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)		500,000

13. Program Performance

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

The program will address significant unmet need for senior nutrition services in Brevard County as available funding has not kept pace with the significant ongoing growth of our senior population. The provision of home-delivered meals addresses seniors' basic needs and supports them in remaining independent, aging in place in their own homes rather than entering costly institutional care.

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

Aging Matters in Brevard will expand home-delivered meal service to seniors in underserved areas.

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



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Nutritious, dietitian-approved meals will be delivered directly to seniors' homes. Each meal delivery includes a well-being check and provides the senior with social interaction.

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

Seniors in Brevard County. We anticipate serving 100-200 seniors with this funding.

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

We will improve senior nutrition, improve or maintain seniors' physical health through good nutrition, improve or maintain senior mental health by reducing social isolation and providing well-being checks and promote senior independence (ability to remain at home in the community as opposed to nursing home or other institutional care which is significantly more costly). Outcomes will be measured using the Department of Elder Affairs annual 701A assessment.

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 in the contract?

If Aging Matters in Brevard does not meet deliverable requirements, we will return funding proportional to the unmet measure and submit a corrective action plan for approval. Repeat failures may result in future funding reductions.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No



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No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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 **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.