



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1406

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

**4. Project/Program Description**

ElderSource will purchase home delivered meals from contracted providers throughout our 7 county region. The meals are well balanced appropriate for frail older adults to help maintain or improve their nutrition status. Included in this service is nutrition education and nutrition counseling. The funding will help mitigate food insecurity among older adults in our community, keeping them healthier longer.

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

**State Agency contacted?**  Yes

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

Type of Funding	Amount
Operating	400,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>400,000</b>

**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)	400,000	80%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	100,000	20%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>500,000</b>	<b>100%</b>

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	250,000		No

9. **Is future-year 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.**

We received federal funding but it is insufficient to meet the needs of our community, resulting in the waiting list. Without the state funding, the individuals will remain on the waiting list until funds are available.



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### Complete questions 10 and 11 for Fixed Capital Outlay Projects

**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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Support for contract management, administration and oversight, programmatically and fiscally. Includes portions of Programs Specialists, Fiscal Specialist and Administrative Support.	40,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Purchase of home delivered meals from services providers in the 7 counties served.	360,000
<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>400,000</b>

**13. Program Performance**

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

Reduce food insecurity among older adults in northeast Florida by providing home delivered meals to those in need.

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



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Funding will be used to purchase home delivered meals from contracted providers throughout our 7 county region. Included in this service is nutrition education and nutrition counseling. The funding will help mitigate food insecurity among older adults in our community, keeping them healthier, longer.

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

The direct service to be provided by this funding request is a nutritionally balanced home delivered meals.

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

Approximately 500 older adults in Northeast Florida will be served.

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

Approximately 500 older adults will receive home delivered meals and will show improvement in their nutrition risk score. Each client will have a nutrition risk assessment. We will be able to compare their risk score prior to receiving the service to after receiving the service.

**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?**

The Department of Elder Affairs may place our agency under corrective action requiring a formal plan to come into compliance. They may put in place financial penalties per their contracts with us.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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



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- Yes, Received
- No
- 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**



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