



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1583

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The City of West Miami is requesting assistance to increase our ability to fund the 207 Senior Citizen congregate and homebound hot meals provided to Miami-Dade County registered seniors. We also provide contracted recreational services, screening and assessment of all participants, transportation to and from the Senior Center, Nutrition Education, as well as to help pay the salary of the Director of the Community Center.

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	625,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>625,000</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)	625,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	625,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,250,000</b>	<b>100%</b>

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.**

The City will seek funding assistance from the Older Americans Act (OAA) through the Alliance for Aging to seek funding, but we have never received enough to fund the entire program.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1583

**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	Salary of the Director of Senior Community Center	65,000
Other Salary and Benefits	Not Applicable	0
Expense/Equipment/Travel/Supplies/Other	Not Applicable	0
Consultants/Contracted Services/Study	Not Applicable	0
<b>Operational Costs</b>		
Salary and Benefits	Not Applicable	0
Expense/Equipment/Travel/Supplies/Other	Transportation maintenance fees and Nutritional Education Program, events and materials.	60,000
Consultants/Contracted Services/Study	Funds will cover the cost of the hot meals to seniors daily and during emergency events. Additional meals for holidays when closed to all participants. All of our participating seniors depend on the meals. This include screening & assessment provided with contracted recreational services.	500,000
<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>625,000</b>

**13. Program Performance**

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

The City will be able to continue providing the current 207 congregate and homebound seniors with hot meals, contracted recreational services, screening & assessment services, transportation to and from the Senior Center, Nutrition Education; as well as pay the salary of the Community Director of the Community Center.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

**LFIR # 1583**

Activities include contracted recreational services, nutrition education, screening and assessment and transportation to and from the community center to participate in regular events and recreational events taking place in the evening or weekends such as baseball game attendance and celebratory gatherings.

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

Direct services are transportation provided to congregate seniors, nutrition education, screening & assessment conducted at a minimum bi-annually, contracted recreation services and gatherings along with the distribution of meals to both congregate and homebound during emergency events to seniors registered with the West Miami Senior Center.

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

Elderly persons in Miami-Dade County

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

The expected benefits are improved physical health through increased participation in senior specific physical activities (chair yoga), improved mental health by increased participation in group activities and recreational events.

**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?**

A reasonable penalty is the withholding of funds if we fail to meet deliverables or performance measures are not met.

**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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1583

- 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) Municipality

**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 Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1583

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