



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1592

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The program makes it possible for Jewish Community Services of South Florida to provide high-quality Kosher meals to senior clients. Requested funds will be applied to the differential cost of a Kosher menu with similar quality and variety to a non Kosher menu, the differential for holiday meals, produce boxes, and snacks to supplement meals, shelf-stable food to support seniors with religious dietary restrictions. Funding will ensure seniors are not provided lower-quality food due to religious dietary restrictions and that they can age with dignity in their homes instead of turning to more costly institutional care.

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	600,000
Fixed Capital Outlay	0
Total State Funds Requested	600,000

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)	600,000	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	600,000	100%

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		
2024-25	0	600,000		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.



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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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Requested funds will be applied to the differential cost of an enhanced Kosher menu with similar quality and variety to a non Kosher menu, holiday meals, produce or emergency boxes, and snacks to supplement meals to support seniors with religious dietary restrictions.	600,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
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)		600,000

13. Program Performance

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

We reduce food insecurity among seniors in Miami-Dade county by providing access to appropriate kosher meals that meet the Recommended Dietary Intake (DRI) guidelines.

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



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JCS provides kosher meals through home deliveries and at Congregate meal sites, serving approximately 800 seniors annually. This ensures that older adults receive culturally appropriate, nutritious meals to support their well-being and dietary needs.

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

Nourishing kosher meals are delivered to clients homes or served at Congregate meal sites, ensuring older adults have access to the nutrition they need to support their health and well-being.

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

The target population for these funds are homebound low-income seniors in Miami-Dade County who may be economically disadvantaged, in poor physical health, and physically disabled regardless of race, religion, ethnicity, or gender. We expect to serve approximately 800 seniors.

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

Senior clients maintain nutritionally balanced diets and will be able to enhance their quality of life while aging in place, with independence, thereby reducing use of costly institutional/residential care. Social Workers and support staff conduct annual assessments of nutritional risk and assess health and wellness of each senior client. Senior clients will also feel less food insecure and will complete a client feedback 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 in the contract?

Corrective action plans may be required for noncompliance and/or nonperformance. Financial penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans. Increments of penalty imposition shall apply and shall be based upon the severity of the performance deficits that generated the need for corrective action plan.

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:



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

- Yes, Applied
- 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



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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.