



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2332

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Elderly Hot Meals Program--This program aims to provide for the provision of a daily nutritionally balanced meal to the elderly. These meals are served at either a congregate site or home delivered. The program provides transportation to and from the center, breakfast, lunch, nutrition education and activities that promote both cognitive and physical health as well as fine motor skills. Center staff provides social services such as translations, the completion of applications for services, and guidance. The program also provides telephone assurance which entails phone calls between center staff and the elderly to insure that all needs are being met.

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 | 784,296 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 784,296 |

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) | 784,296 | 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 | 784,296 | 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 | | |
| 2024-25 | 0 | 150,000 | 1740 | No |

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 does not have the funds to maintain this program at full capacity without 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 | Salary and benefits of Senior Center Director | 73,909 |
| Other Salary and Benefits | Salary and benefits of administrative personnel and center driver. Driver transports the elderly to and from the center and also delivers homebound meals. | 165,386 |
| Expense/Equipment/Travel/Supplies/Other | Travel for food delivery and maintenance of vehicles used to transport the elderly and delivery of meals to the elderly | 9,500 |
| Consultants/Contracted Services/Study | Audit fees, management fees, and the City of Hialeah Gardens utility fees | 7,500 |
| Operational Costs | | |
| Salary and Benefits | Salaries and benefits of cleaning staff, and nutritional aides that work directly in the lunchroom with the elderly clients | 146,401 |
| Expense/Equipment/Travel/Supplies/Other | Expenses for transportation of food to the home bound elderly and congregate clients, cleaning supplies, sanitation supplies, kitchen supplies, upkeep of food service equipment. Funds for cognitive and fine motor skill activities that promote good mental and physical health. Funds for exercise programs that supports physical health. | 21,600 |
| Consultants/Contracted Services/Study | Funds utilized to pay for the cost of insurance, meals, and nutritionist. | 360,000 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 784,296 |

13. Program Performance

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



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The goal of the program is to provide a daily healthy meal to the elderly participants in our community in either the form of a visit to the sites or through a delivery carrier for those who are unable to visit a site. A daily balanced provision of a meal coupled with nutritional education will establish a strong core value to living a healthier and longer life. The City of Hialeah Garden has over 200 participants and continuing to serve our special population is of the utmost importance.

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

This program aims to provide for the provision of a daily nutritionally balanced meal to the elderly. These meals are served at either a congregate site or home delivered. The program provides transportation to and from the center, breakfast, lunch, nutritional education, and activities that promote both cognitive and physical health.

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

Service provided with funding will be utilized for----Hot meals, both breakfast and lunch, transportation to and from congregate meal site, home delivered meals, nutritional education, and activities to promote both cognitive and physical health as well as fine motor skills. Finally, for telephone reassurance which includes calling clients and making sure that all needs are being met.

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

Residents of Hialeah Gardens age 60 and over. 110 congregates elders and 75 Home bound for lunch delivery meals.

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

Elderly residents are given an opportunity to have two full healthy meals a day and are also able to interact and socialize with other seniors.

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 City is open to any proposed penalties for failing to deliver or perform.

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#:



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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
- 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.