



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2445

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funding is requested to 1) extend our M-F home delivered nutritionally hot meal program for frail homebound elderly clients to include seven day a week breakfasts and weekend lunch deliveries, 2) provide physical and mental health support activities (including but not limited to- chair yoga, dance, personal training, tai chi for arthritis, meditation) and 3) provide acts-based recreational activities that promote socialization and target the isolation and depression prevalent in senior populations (including but not limited to-painting, drawing, sewing, fiber arts, book club, trivia and movie club).

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	750,000
Fixed Capital Outlay	0
Total State Funds Requested	750,000

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)	750,000	49%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	537,000	35%
Other	244,000	16%
Total Project Costs for Fiscal Year 2025-2026	1,531,000	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		
2024-25	0	375,000	1724	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.

None at this time.

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	Supplies for programs	35,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Meals	715,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		750,000

13. Program Performance

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

The goal is to improve the physical and emotional wellbeing of Miami Springs/Virginia Gardens seniors by providing consistent and nutritional meals, physical activities, enrichment and educational programs and vital social interaction.

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



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The activities and services that will be provided by the City of Miami Springs that will meet the intended purpose of these funds include vital health support and recreation activities and an expansion of home delivered meal services. Health support and recreation activities will include, but are not limited to, chair yoga, personal training, tai chi, mindfulness, meditation, dance classes, painting classes, drawing classes, sewing and fiber arts, music, book club, trivia and movie club. Home delivered meals services will include nutritionally balanced breakfast meals, 7 days a week and weekend lunch meals for homebound seniors.

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

Approximately 38,000 home delivered breakfast meals, 11,000 weekend homebound lunch meals, 19,000 one hour physical and mental health support classes, 3600 one-hour recreation activities classes.

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

Underserved low-income senior citizens who are residents of the City of Miami Springs and the City of Virginia Gardens, Florida. 750 Seniors are expected to be served.

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

The expected outcome is improved nutrition for our frail and elderly housebound clients and stabilized or improved physical and mental health for seniors who are able to come to the Adult Community Center. The outcomes will be measured through annual client assessments completed and recorded in the State of Florida CIRT system.

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?

Revocation of funding if services are not provided.

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



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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) Municipal Government

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



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d. Phone Number

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