



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2455

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

Allapattah Community Action (ACAI) Inc. is a private not for profit organization 501 (c) (3) chartered by the State of Florida in May of 1978 to provide services to the needy elderly residents Miami Dade County. The elderly are served meals in a congregate setting at our center once day, five days week. Over 350 seniors are served meals five times a week. Through our home delivery system we also serve homebound clients. Daily age appropriate social, recreational and educational activities are also held at the center, tailored to the culturally diverse backgrounds of each program participant. Examples of such activities include nutritional educational counseling, field trips and outings to promote socialization, and bingo/other games held at our facility

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

State Agency contacted? No

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

Type of Funding	Amount
Operating	253,338
Fixed Capital Outlay	0
Total State Funds Requested	253,338

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)	253,338	16%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	1,324,165	84%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	1,577,503	100%

8. **Has this project previously received state funding?** No

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?** No

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	Program Director, Assistant Program Director, Bookkeeper	17,292
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Meals coordinator, assistant meals coordinator, activities coordinator, health insurance, billing clerk	98,002
Expense/Equipment/Travel/Supplies/Other	Gasoline for transportation vehicles and related maintenance costs, acquisition of recreational equipment.	31,065
Consultants/Contracted Services/Study	Drivers for transportation services, acquisition and service of food and related supplies.	106,979
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		253,338

13. Program Performance

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

The purpose of the requested funds is to continue providing meals, transportation and recreational activities to our elderly low income clients.

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



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We will provide meals, and activities like bingo and dominoes for our clients, as well as arts and crafts, computer literacy courses, and light exercise.

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

Direct services include serving of meals in a congregate and homebound (via delivery) setting, as well as transportation of clients to different recreational and cultural outings, and group activities like bingo and dominoes in the physical community center

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

Elderly clients, over the age of 60 who are low-income and extremely low-income. The number of individuals expected to be served are 6,500 for congregate meals, 2,000 who utilize transportation services to access the center, 4,800 in recreational programming and 12,000 homebound clients who receive delivered meals.

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

ACAI documents and maintains intakes and assessment in each client file together with all screening information, services provided information and referral and follow-up. All information is reviewed and assessed for client demographics, services received, information and referrals and all follow-up activities. Staff tracks client intake and assessments, information and referral, achievement of goals and objectives, client services and activities, document units of services, program activities, generates standard reports, closes client cases, generates monthly reports, client satisfaction surveys, achievement/outcomes, and tracks overall client improvement.

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?

Return of funds to the state.

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)

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.