



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3495

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The goal is to provide healthy meals to seniors on the Meals on Wheels waiting list in Osceola County to help prevent their risk of malnutrition and isolation. In addition to meals, providing personal care assistance to homebound seniors who do not have access to the needed Home and Community Based-Service.

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	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	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	500,000	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		
2023-24		300,000		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.

There is no source of funding identified in lieu of state funding at this time to meet the growing needs of the under served low income seniors in the community.

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		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Cost of delivering Home and Community Based Services and the cost of meals for seniors.	500,000
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)		500,000

13. Program Performance

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

We will provide healthy meals to at least 200 seniors on the Meals on Wheels waiting list in Osceola County to help prevent their risk of malnutrition and isolation. In addition, requested funds shall provide personal care assistance to at least 25 homebound seniors who do not have access to the needed Home and Community Based-Service. The homebound seniors wait for meals and Home and Community Based-Services in Osceola County because of insufficient Older Americans Act funding.

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



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Caring volunteers or staff members will provide in-person delivery of meals. All meals are planned by a registered dietitian to ensure a balanced meal and the in-person delivery provides a much needed social connection. Home and community based personal care service will be provided to seniors assessed as needing the service support.

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

Caring volunteers or staff members will provide in-person delivery of meals. All meals are planned by a registered dietitian to ensure a balanced meal and the in-person delivery provides a much needed social connection. Home and community based personal care service will be provided to seniors assessed as needing the service support.

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

The funding will help serve over 200 homebound seniors in Osceola County.

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

Delivering healthy balanced meals in-person to homebound seniors will reduce the risk of malnutrition, improve quality of health and provide social connections to support independent living in the community. Providing needing Home and Community Based person care service will support improved quality of health and promote independence.

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?

In the event Osceola Council on Aging does should meet deliverable requirements, we will return the funding porportional to the unmet measure. A Corrective Action Plan will be submitted for approval and implemented. Repeat failures to meet deliverables may result in future funding reductions.

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 infastructure)

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)?



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- 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

d. Phone Number



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