

The Florida Senate Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3507

1.	Project Title	Florida City - Co	mbating Food Ins	security Among Elders			
2.	Senate Sponsor	Ana Maria Rodri	guez				
3.	Date of Request	3/25/2025					
4.	Project/Program De	escription					
	This program is interproviding the City's	ended to increase the senior population with the	e City's ability to	combat food insecurit e of meals.	y among its most vul	nerable population by	
	State Agency to red State Agency conta	•	nds Depar	tment of Elder Affairs			
6.	Amount of the Non	recurring Request	for Fiscal Year	2025-2026			
	Type of Funding Operating			Am	ount 250,000		
	Fixed Capital Outlay Total State Funds				<u> </u>		
7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)							
	Type of Funding			Amount	Percentage		
	Total State Funds R	equested (from que	estion #6)	250,000) 71%		
	Matching Funds				00/		
	Federal State (excluding the	amount of this roat	loct)	(1	
	Local	amount of this requ	iesi)	100,000		1	
	Other			100,000			
	Total Project Costs	s for Fiscal Year 20)25-2026	350,000		1	
8.	Has this project pro If yes, provide the	eviously received	state funding?	No		_	
	Fiscal Year (уууу-уу)	Amo		Specific Appropriation #	Vetoed		
	(3333 337	Recurring	Nonrecurring	7.66.66.100.11			
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 lice.				No No Ilieu of state funding	g.]	

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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Planningb. Is the project	Design "shovel ready"	(i.e permitted)?					
	·	ate of construction?					
d. What is the e	stimated comple	etion date of constru	ction?				
e. What funding	What funding stream will be used for ongoing operations and maintenance of the project?						
List the owner		o receive, directly or ers of the facility and		ed capital outlay fund	ding. Include the		

12. Details on how the requested state funds will be expended

a. What is the current phase of the project?

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	This is the amount that will be used for food/meals items that will be delivering to our vulnerable seniors.	250,000
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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	250,000

13. Program Performance

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

This program is intended to increase the City's ability to combat food insecurity among its most vulnerable population by providing the City's senior population with a stable source of meals.

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

Funding for this program will enable the City to provide a source of meals for its most vulnerable and food insecure seniors. For the seniors who will receive meals through this program, they will be able to experience more stability and security.

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



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Increased access to food security for vulnerable seniors through the increased delivery of meals to the seniors in need in our community.

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

Economically disadvantaged persons and elderly persons. Between 401-800 people 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 outcome of elders being able to have food security will increase their physical health through access to the right nutrition, as well as improving the elder population's mental health as a secure source of meals will increase stability in their lives. The method that will be used is tracking the number of meals that are able to be delivered to vulnerable seniors through this program.

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?

	for failing to meet deliverables or peri	formance measures provided for in the contract?
	Failure to meet deliverables will result in	n the return of state funding.
14.	4. Is this project related to mitigation, re	sponse, or recovery from a natural disaster? No
а	a. If Yes, what phase best describes the	e project?
ı	☐ Mitigation (reducing or eliminating p	otential loss of life or property)
ı	□ Response (addressing the immedia	te and short-term effects of a natural disaster)
ı	☐ Recovery (assisting communities re	eturn to normal operations, including rebuilding damaged infastructure)
k	b. Name of the natural disaster (or Exe	cutive Order # for events not under a federal declaration):
15.	5. Has the entity applied for or received	federal assistance for this project?
	☐ Yes, Applied	
	☐ Yes, Received	
	□ No	
	☐ No, but intends to apply	
a	a. If yes, provide the FEMA project wor	ksheet ID#:
k [b. Provide the total project cost listed of	on the FEMA project worksheet:
16.	6. Has the entity applied for or received	state assistance for this project (other than this request)?
	☐ Yes, Applied	
	☐ Yes, Received	
	□ No	



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□ No, but intends toa. If yes, specify the		n and state ager	ncv (ex. Loca	al Governmen	ıt Emergenc	v Bridae L	.oan. Departme
Commerce):							¬
7. Requester Contact	Informat	ion					
a. First Name	Otis		Last Name	Wallace			
b. Organization	City of Florida City (Office of the Mayor)						
c. E-mail Address	otistwallace@gmail.com						
d. Phone Number	(305)989	-9033	Ext.				
Desiminat Control	lu f a wux a t :						
Recipient Contacta. Organization		orida City (Office	of the Mayo	c)			
_		Miami-Dade	or the mayo	<u> </u>]		
c. Organization Ty							
□For Profit Entity							
□Non Profit 501(c	c)(3)						
□Non Profit 501(d	c)(4)						
☑Local Entity							
□University or Co	ollege						
□Other (please sp							
Dolliel (please s	Decity)		7			7	
d. First Name	Otis		Last Name	Wallace			
e. E-mail Address	otistwalla	ce@gmail.com					
f. Phone Number	(305)989	-9033	Ext.				
). Lobbyist Contact I	nformatio	n					
a. Name	None						
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.