



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1046

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Aging in Place with Grace, is a comprehensive senior services program designed to enable older adults to age in place by providing a broad safety net of essential services including home delivered meals, behavioral health care, socialization, care management, home care, and connection to services provided by Rales JFS and the broader community.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	494,100
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>494,100</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	494,100	72%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	194,998	28%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>689,098</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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We received a total of \$89,660 in Covid19 relief funding. Funds were used as follows: \$27,000 for Mental Health Counseling , \$29,111 for Employee retention, and \$33,450 for Meals on Wheels.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

#### 11. 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?

12. 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.

#### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	1FTE meal coordinator, 1.5FTE Case managers, 1FTE Bus driver, 1 FTE Scheduler at Senior Center	289,619
Expense/Equipment/Travel/Supplies/Other	Transportation costs (Bus maintenance, gas, repairs, insurance)- \$35,000 Security costs- \$40,600 Printing and marketing - \$10,781	86,381
Consultants/Contracted Services/Study	Home Care expenses -\$60,000 Theatre director for senior center (contracted service) -\$8,100 Food Vendor for Home delivered meals- \$50,000	118,100
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>494,100</b>

#### 14. Program Performance

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



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Approximately 443 low-income senior citizens will be provided with a safety net of services that allow them to age in place and avoid state-funded nursing home placement. Services will include any or all of the following: dynamic and varied socialization activities, transportation, care management, financial assistance, home care, and home-delivered meals, as well as wrap-around support.

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

Socialization activities, care management, home care, financial assistance, transportation, home-delivered meals, and/or behavioral health care will be provided to approximately 443 senior citizens in Palm Beach County by Rales Jewish Family Services, in order to enable seniors to age in place independently and to their highest quality of life potential.

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

Comprehensive direct services and wrap-around services will include socialization activities, care management, home care, financial assistance, transportation, home-delivered meals, and/or behavioral health care. Rales JFS has over 40 years of experience providing these direct services to senior citizens. We have been recognized as the premier provider of aging services in Palm Beach County.

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

The target population of this project are approximately 443 senior citizens of Palm Beach County who are at risk of State-funded nursing home placement.

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

Approximately 443 senior citizens will age in place and avoid state funded nursing home placement. We expect 85% will avoid being placed in state funded nursing home care. Methodology: Data will be tracked and records kept on how many seniors from our program enter state-funded nursing home care. Surveys and evaluations will measure senior satisfaction with home-delivered meals, transportation, home care, socialization opportunities and more.

**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 the contract?**

Penalties for not meeting contracted deliverables may warrant decreased funding.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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



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University or College

Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number