



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1470

1. Project Title

South Florida Jewish Community/Family Services Affordable and Accessible Homecare Services Alliance

2. Senate Sponsor

Tina Polsky

3. Date of Request

02/08/2023

4. Project/Program Description

The JCS/JFS Affordable and Accessible Homecare Services Alliance will provide comprehensive homecare services which include personal care, homemaker services, respite services, transportation, and chore services to 200 low-income, high-risk, frail older adults. A comprehensive assessment is provided by a JCS/JFS case manager or a homecare agency registered nurse in consultation with the client to determine their home care needs. Services are coordinated and closely monitored by case managers. Funding will enable the JCS/JFS agencies to supplement home care hours for those individuals whose current needs are unmet.

5. State Agency to receive requested funds

Department of Elder Affairs

State Agency contacted?

No

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	2,000,000
Fixed Capital Outlay	0
Total State Funds Requested	2,000,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	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 2023-2024	2,000,000	100%

8. Has this project previously received state funding?

No

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

9. Is future funding likely to be requested?

Yes

a. If yes, indicate nonrecurring amount per year.

2,000,000

b. Describe the source of funding that can be used in lieu of state funding.

This particular project, and consortium among the specific agencies, as a subset of our broader work with the administration of senior home-care is entirely dependent on this funding request.

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



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No

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

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

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
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: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Direct services costs for 200 senior clients.	2,000,000
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)		2,000,000

14. Program Performance

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

The JCS/JFS Affordable and Accessible Homecare Services Alliance is a collaboration of Ruth and Norman Rales Jewish Family Services, Jewish Community Services of South Florida, the Ferd and Gladys Alpert Jewish Family Service of Palm Beach County, and the Goodman Jewish Family Services of Broward County. All four agencies will embark on an expansion of our respective current comprehensive homecare services to serve the most vulnerable seniors in the tri-county region of South Florida.



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

The JCS/JFS Affordable and Accessible Homecare Services Alliance will provide comprehensive homecare services which include personal care, homemaker services, respite services, transportation, and chore services to 200 low-income, high-risk, frail older adults.

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

See above.

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

The project will directly benefit vulnerable seniors who are 60+ years old. 200 total senior clients will be served by the four partner agencies.

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

A comprehensive assessment is provided by a JCS/JFS case manager or a homecare agency registered nurse in consultation with the client to determine their home care needs. Services are coordinated and closely monitored by case managers. Funding will enable the JCS/JFS agencies to supplement home care hours for those individuals whose current needs are unmet.

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?

Vulnerable seniors throughout South Florida will go without essential home-care services that the conglomerate of organizations administer in order to allow those seniors to age in place, and with dignity. Each of the four agencies included on the proposal are undertaking service provision for 50 seniors for a total of 200. Without the funding, these 200 seniors will not be able to obtain the home-care supports that they need.

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
☐ University or College



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☐ 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