



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1575

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Green Cove Springs Senior Center is in need of a mobile emergency generator to provide electrical service in the event of an electrical outage. The senior center provides critical services to seniors including hot meals, health and wellness activities, and other services that support seniors in their community. The senior center provides emergency services including hot meals during an emergency - namely weather-related events - following hurricanes, storms, etc. Presently the senior center lacks a generator to provide electrical power during an outage caused by weather-related events, placing seniors at risk as well as the loss of large quantities of food products stored in freezers and refrigerators. The Green Cove Springs Senior Center is licensed and approved as a commercial kitchen and currently produces meals for the Clay County seniors on a daily basis.

5. State Agency to receive requested funds

State Agency contacted?  Yes

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

Type of Funding	Amount
Operations	200,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>200,000</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)	200,000	76%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	61,840	24%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>261,840</b>	<b>100%</b>

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?  No

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 alternative funding source available to purchase the generator. Programs serving seniors have extensive waiting lists today and all available funds are allocated each year to provide meals and other critical services to frail seniors.



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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.

Additional funds for congregate and home-delivered meals and other services for seniors on Clay County for fiscal years 2020 and 2021 from the federal COVID response funds totaled \$522,606. These funds have been fully expended.

## 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		0
Expense/Equipment/Travel/Supplies/Other	Purchase of a MOBILE generator to provide electricity to power the senior center operations, in the event of a power outage. The generator is critical to senior center operations, including the operation of the licensed, commercial kitchen providing meals to seniors.	200,000
Consultants/Contracted Services/Study		0
<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>200,000</b>

14. Program Performance



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

ENSURE the ability to produce meals to Clay county seniors in the event of a power outage, especially following weather-related events and ensure the preservation of stored cold food in kitchen freezers and refrigerators. A mobile generator will ensure continuity of services during both pre and post-storm events and during recovery.

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

Meal preparation and associated tasks for feeding individuals in emergency situations during a power outage. The mobile generator will ensure the facility has power to operate the kitchen and ensure the continuity of services.

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

The mobile generator will ensure that the senior center is able to continue to provide hot meals to seniors in the event of a power outage. The senior center will also be able to continue other critical services following a hurricane that may cause an extended power outage.

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

Any senior and their family members residing in Clay county and designated by emergency management response center of Clay County.

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

Hot food preparation and maintain cold food storage during emergencies when electricity is not available. The outcome will be calculated by the number of hot meals prepared and served.

**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?**

Failure to provide meals meeting Department of Elder Affairs standards will result in financial penalties and possibly the loss of funding/contract for nutrition services.

**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**