

- 1. Title of Project: David Posnack Jewish Community Center-Senior Kosher Meal Program
- 2. Senate Sponsor: Lauren Book
- **3.** Date of Submission: <u>11/16/2017</u>
- 4. Project/Program Description:

The Senior Meals Program at the David Posnack Jewish Community Center (DPJCC) serves a well-balanced and nutritious lunch to area residents 60+. Through a partnership with Meals on Wheels-South Florida meals from the grant are also served at the Daniel Cantor Senior Center and Daniel Cantor Adult Day Care/Alzheimer's Respite Program. The program provides a pleasant atmosphere where seniors can come together for services and activities that enhance dignity, support their independence and encourage their involvement in and with their community. The LSP strives to meet the needs of the elder community so they can maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement. The DPJCC has the facilities to promote healthy living and has specific classes designed to engage the 60+ community. Classes and support groups have been developed to encourage social interaction.

5. State Agency Contacted? No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? <u>Department of Elder Affairs</u>

6. Amount of Non-recurring Requested for fiscal year 2018-19:

| Amount Requested for Operations | Amount Requested for Fixed Capital Outlay | Total Amount of Requested State Funds |
|---------------------------------|--|--|
| 149,537 | | 149,537 |

7. Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

| Туре | Amount | Percent |
|--|--------|---------|
| Federal | 0 | 0.0% |
| State (excluding the amount of this request) | 0 | 0.0% |
| Local | 6,350 | 3.1% |
| Other | 47,000 | 23.2% |
| TOTAL | 53,350 | 26.3 % |

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 202,887



9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
- c. What is the most recent fiscal year the project was funded? $\underline{2017-18}$
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? <u>No</u>
- e. Complete the following Worksheet.

| FY: | Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.) | | |
|-----------------------|---|------------------------------------|---|
| Column: | Α | В | С |
| Funds Description: | Prior Year Recurring Funds * | Prior Year Nonrecurring Funds * | Total Funds Appropriated (Column A + Column B) |
| Input Amounts: | | 119,537 | 119,537 |

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

\$149,537 in recurring as in past years, most recently 2016-17.

11. Program Performance:

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

<u>The purpose of the funds requested is to maintain or improve the nutritional status of elderly which allows</u> them to age in place in community based setting and avoid costly institutionalization in nursing homes

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

<u>The DPJCC will provide 1 congregate meal to registered, eligible clients 5 days per week Monday through</u> <u>Friday, excluding holidays.</u>

c. How will the funds be expended?

| Spending Category | Description | Amount |
|---|-----------------------|--------|
| Administrative Costs | | |
| ☑Executive Director/Project Head Salary and Benefits | Program Director (PT) | 19,548 |



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| □Other Salary and Benefits | | |
|---|--|---------|
| □Expense/Equipment/Travel/Supplies/Other | | |
| □Consultants/Contracted Services/Study | | |
| Operational Costs | | |
| ☑Salary and Benefits | Custodians, food server | 12,524 |
| ☑ Expense/Equipment/Travel/Supplies/Other | Utilities | 8,578 |
| ☑Consultants/Contracted Services/Study | Nutritionist, Social Worker (PT), Enrichment Instruction, Lecturers, Meals | 108,887 |
| Fixed Capital Construction/Major Renovation | | |
| □Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 149,537 |

d. What are the direct services to be provided to citizens by the appropriations project?

Participants will receive a nutritious meal at the DPJCC

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

Services will be provided to elderly individuals, 60 years of age or older.

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

<u>The outcome is that 66% of the program participants improve their nutritional status as measured by the</u> <u>Nutrition Score protion of the Uniform Client Assessment</u>

- g. 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? <u>Reassessment of the grant</u>
- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.
 <u>N/A</u>
- **13.** Requestor Contact Information:
 - a. Name: Scott Ehrlich
 - b. Organization: Jewish Community Centers of South Broward, Inc. D/B/A David Posnack Jewish Community



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Center

- c. Email: sehlrich@dpjcc.org
- d. Phone Number: (954)434-0499 Ext. 311
- 14. Recipient Contact Information:
 - a. Organization: Same as Requester
 - b. County: Broward
 - c. Organization Type:
 - O For Profit
 - ⊙ Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - O Local Entity
 - O University or College
 - O Other (Please specify)
 - d. Contact Name: Scott Ehrlich
 - e. E-mail Address: sehrlich@dpjcc.org
 - f. Phone Number: (954)434-0499 Ext. 311

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Bernie Friedman
- b. Firm: Becker Poliakoff
- c. Email: <u>bfriedman@bplegal.com</u>
- d. Phone Number: (954)985-4180