



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** North Miami Foundation for Senior Citizens', Inc. - Meals for Elderly at Risk

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 12/06/2017

4. **Project/Program Description:**

Funding will be used to provide home delivered meals to frail elderly residents at risk of hunger and malnutrition.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Elder Affairs

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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 |
|---------------------------------|---|---------------------------------------|
| 250,000 | | 250,000 |

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

| Type | Amount | Percent |
|--|---------|---------|
| Federal | 74,672 | 10.7% |
| State (excluding the amount of this request) | 0 | 0.0% |
| Local | 277,745 | 39.8% |
| Other | 94,969 | 13.6% |
| TOTAL | 447,386 | 64.1 % |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 697,386

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) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

| | |
|-----|--|
| FY: | Input Prior FY Appropriation for this project for FY 2017-18 |
|-----|--|



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| | | | |
|---------------------------|--|--|---|
| | (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.) | | |
| Column: | A | B | C |
| Funds Description: | Prior Year Recurring Funds * | Prior Year Nonrecurring Funds * | Total Funds Appropriated (Column A + Column B) |
| Input Amounts: | | 50,000 | 50,000 |

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

Yes

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

250,000 per year

11. Program Performance:

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

Improved / stabilized level of nutritional risk for clients, as nutrition is vital to seniors health and well-being. The act of delivering meals to seniors' homes also improves mental health because it provides for critical social interaction for elders who are often isolated and face depression due to loneliness.

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

Funds will provide home delivered meals for frail elderly at risk of hunger and malnutrition; it will be a mix of hot and frozen breakfast, lunch and dinner meals seven days a week.

c. How will the funds be expended?

| Spending Category | Description | Amount |
|---|---|--------|
| Administrative Costs | | |
| <input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits | Executive Director's time | 7,226 |
| <input checked="" type="checkbox"/> Other Salary and Benefits | Bookkeeper, Administrative Assistant | 10,741 |
| <input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | Communications & Utilities, Printing & Supplies, Equipment, Maintenance, Insurance, | 9,115 |



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| | Licenses | |
|---|---|---------|
| <input checked="" type="checkbox"/> Consultants/Contracted Services/Study | Audit | 2,040 |
| Operational Costs | | |
| <input checked="" type="checkbox"/> Salary and Benefits | Case Manager/Social Workers | 39,429 |
| <input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | Mileage for client assessment / contact | 2,025 |
| <input checked="" type="checkbox"/> Consultants/Contracted Services/Study | Home delivered meals | 179,424 |
| Fixed Capital Construction/Major Renovation | | |
| <input type="checkbox"/> Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 250,000 |

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

Funds will provide home delivered meals for frail elderly at risk of hunger and malnutrition; it will be a mix of hot and frozen breakfast, lunch and dinner meals seven days a week.

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

Funds will provide home delivered meals for frail elderly at risk of hunger and malnutrition and these funds will serve an additional 100-150 frail elders. The meals will be a combination of hot and frozen breakfast, lunch and dinner meals provided seven days a week. 64% of elders in Miami Dade and Monroe counties reported needing at least a moderate level of assistance with instrumental activities of daily living (IADL), as compared to the statewide average of 51%. Meal preparation is one of the tasks included as a critical IADL. Municipalities covered by the North Miami Foundation account for at least 18.67% of the 60+ age population in Miami Dade. (Miami Dade Matters: Community Dashboard-American Community Survey 2010-14). The average household income of clients served is \$14,050, and are at significant risk of malnutrition.

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

Improved nutrition, thereby stabilizing nutritional risk; adequate nutrition is vital to the health and well-being of seniors; improved / stabilized mental health functioning due to improved nutrition; and critical social interaction for elders facing isolation and depression due to loneliness.

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?

If meals are not delivered, no payment is received. Provider must follow all Department of Elder Affairs Program Manual requirements for home delivered meals.



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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.

N/A

13. Requestor Contact Information:

- a. Name: Debbie Kleinberg
- b. Organization: North Miami Foundation for Senior Citizens', Inc.
- c. Email: dk@nmf620.org
- d. Phone Number: (305)893-1450

14. Recipient Contact Information:

- a. Organization: North Miami Foundation for Senior Citizens', Inc.
- b. County: Miami-Dade
- c. Organization Type:
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. Contact Name: Debbie Kleinberg
- e. E-mail Address: dk@nmf620.org
- f. Phone Number: (305)893-1450

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

- a. Name: Tanya Jackson
- b. Firm: PinPoint Results LLC
- c. Email: tanya@pinpointresults.com
- d. Phone Number: (850)445-0107