



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of North Miami Senior Citizens Meals Program

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 12/14/2017

4. **Project/Program Description:**

The purpose is to provide hot nutritiously balanced meals to the aging constituency of North Miami. The city of North Miami operates a Senior Citizen Program providing a gateway for the North Miami aging network. The program connects older adults to vital community services that can help them stay healthy and independent.

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?
Department of Elder Affairs

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
1,500,000		1,500,000

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

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	150,000	9.1%
Other	0	0.0%
TOTAL	150,000	9.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,650,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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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:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

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

Yes

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

\$1,500,000

11. Program Performance:

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

Food security is defined as access to enough food for an active, healthy life. At a minimum, food security includes the availability of nutritionally sufficient and safe foods, and an assured ability to acquire adequate foods in socially acceptable ways. The hot meals will provide clients with about one-third of their daily nutritional requirements. Without this nutritional supplement, their health would be severely impaired.

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

The purpose is to provide hot nutritiously balanced meals to the aging constituency of North Miami through the City of North Miami's Senior Citizen Program.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	To provide hot nutritiously balanced meals to the aging constituency of North Miami.	1,500,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,500,000

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

The purpose is to provide hot nutritiously balanced meals to the aging constituency of North Miami.

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

Elderly and aging population of the City of North Miami

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

The hot meals will provide clients with about one-third of their daily nutritional requirements. Without this nutritional supplement, their health would be severely impaired.

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?

Refund of funds allocated

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:** Larry Spring
- b. **Organization:** City of North Miami
- c. **Email:** lspring@northmiamifl.gov
- d. **Phone Number:** (305)893-6511

14. Recipient Contact Information:



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a. Organization: City of North Miami

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: Natasha Colebrook-Williams

e. E-mail Address: ncolebrook-williams@northmiamifl.gov

f. Phone Number: (305)893-6511

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

a. Name: Ronald Book

b. Firm: Ronald L. Book, P.A.

c. Email: ron@rlbookpa.com

d. Phone Number: (305)935-1866