1. **Title of Project:** City of Hialeah - Meals Program

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 12/15/2017

4. **Project/Program Description:**
   Hot Lunch Program - Provision of daily congregate and home-delivered meals to the Elderly.

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:**

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,400,000</td>
<td></td>
<td>1,400,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,400,000

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) 5
   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.
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

<table>
<thead>
<tr>
<th>FY:</th>
<th>Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Column: A</td>
</tr>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
</tr>
<tr>
<td>Input Amounts:</td>
<td>250,000</td>
</tr>
</tbody>
</table>

10. Is future-year funding likely to be requested?
   Yes
   a. If yes, indicate non-recurring amount per year.
      1,400,000

11. Program Performance:
   a. What is the specific purpose or goal that will be achieved by the funds requested?
      The requested funds are for the provision of meals for the elderly residents of Hialeah by administering and operating the Hot Lunch and Activities and Homebound Meals Programs, delivering meals to homes and at various congregate meal sites.
   b. What are the activities and services that will be provided to meet the intended purpose of these funds?
      Congregate meals, home-delivered meals, nutrition education, and nutrition counseling
   c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑Executive Director/Project Head Salary and Benefits</td>
<td>Salary and benefits of Project Head</td>
<td>60,764</td>
</tr>
<tr>
<td>☑Other Salary and Benefits</td>
<td>Salary and benefits of administrative personnel</td>
<td>210,409</td>
</tr>
<tr>
<td>☑Expense/Equipment/Travel/Supplies/Other</td>
<td>Travel used for training purposes</td>
<td>1,000</td>
</tr>
<tr>
<td>☑Consultants/Contracted Services/Study</td>
<td>Payment of audit fees, management fees, and City of</td>
<td>41,448</td>
</tr>
</tbody>
</table>
d. What are the direct services to be provided to citizens by the appropriations project?

Through the provision of congregate and home-delivered meals, this funding can enrich the quality of life of the elderly citizens of Hialeah by nurturing healthy eating habits. Funding will also contribute to education with mass educational nutrition presentations and one-on-one nutrition counseling.

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

The elderly population of the City of Hialeah will undoubtedly benefit from this program, that will provide around 255,000 free meals in a year, as well as a source of employment for several employees.

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

Main benefit of the program is to provide free lunch for the elderly, contributing to the improvement of the life of the participants. Financially, we expect a very close Expense to Income result. The performance data to be used to document the project operation will be 255,000 free lunch meals that will be provided to close to 1,000 elderly citizens. Other performance measures will be Nutritional Education classes, estimated to be around 9,000 and Nutritional Screenings, close to 1,000 for the period.

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?
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.
   City of Hialeah

13. Requestor Contact Information:
   a. Name: Annette Quintana
   b. Organization: City of Hialeah, Department of Grants & Human Services
   c. Email: Aquintana@hialeahfl.gov
   d. Phone Number: (305)883-8040

14. Recipient Contact Information:
   a. Organization: City of Hialeah, Department of Grants & Human Services
   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: Annette Quintana
   e. E-mail Address: Aquintana@hialeahfl.gov
   f. Phone Number: (305)883-8040

15. If there is a registered lobbyist, fill out the lobbyist information below.
   a. Name: Andreina Figueroa
   b. Firm: ADF Consulting
   c. Email: adf@adfconsulting.com
   d. Phone Number: (786)586-7001