



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of West Park – Senior Programming

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 01/04/2018

4. **Project/Program Description:**

In keeping with the nation's desire to enhance the quality of life for our senior residents, the Senior Program will support high quality, low-cost activities and nutrition for seniors. The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise and nutrition. This program will minimize service gaps for our senior population who may suffer from depression, anxiety, loneliness and other ailments that plague our elderly residents. Project Cost: \$250,000.00•

Phase 1: \$50,000.00• Phase 2: \$50,000.00• Phase 3: \$50,000.00• Phase 4: \$50,000.00• Phase 5: \$50,000.00

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
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	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 250,000

9. **Previous Year Funding Details:**



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- 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.

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.)		
	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?

No

11. Program Performance:

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

The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise and nutrition

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

This program will minimize service gaps for our senior population who may suffer from depression, anxiety, loneliness and other ailments that plague our elderly residents.

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	Shuttle bus transportation, recreational outings, health fairs, exercise and nutrition.	250,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
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?

The Senior Program will support high quality, low-cost activities and nutrition for seniors. The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise and nutrition. This program will minimize service gaps for our senior population who may suffer from depression, anxiety, loneliness and other ailments that plague our elderly residents.

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

Senior Community

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

This program will minimize service gaps for our senior population who may suffer from depression, anxiety, loneliness and other ailments that plague our elderly residents.

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?

None.

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:** W. Ajibola Balogun
- b. Organization:** City of West Park



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- c. Email: abalogun@cityofwestpark.org
- d. Phone Number: (954)989-2688

14. Recipient Contact Information:

- a. Organization: City of West Park
- b. County: Broward
- 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: W. Ajibola Balogun
- e. E-mail Address: abalogun@cityofwestpark.org
- f. Phone Number: (954)989-2688

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

- a. Name: Yolanda Cash Jackson
- b. Firm: Becker & Poliakoff, P.A.
- c. Email: YJACKSON@bplegal.com
- d. Phone Number: (954)985-4132