



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1153

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Project - Hot Lunch Program
 Description - The City of Hialeah shall provide daily congregate and home delivered meals to the elderly

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="1,649,631"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	1,649,631

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="1649631"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	1,649,631	100 %

8. **Has this project previously received state funding?** Yes No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="250,000"/>	<input style="width: 80%;" type="text" value="1,400,000"/>	<input style="width: 80%;" type="text" value="398"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. **Is future-year funding likely to be requested?** Yes No

If yes, indicate nonrecurring amount per year.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1153

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Salary and benefits of the project manager	50,579
Other Salary and Benefits	Salary and benefits of administrative personnel for the program	31,200
Expense/Equipment/Travel/Supplies/Other	Travel for training purposes	2,747
Consultants/Contracted Services/Study	Expenditures related to the project, i.e. audit fees, management fees and utility fees	1,529
Operational Costs: Other		
Salary and Benefits	Project requirement and sanitary maintenance of facility expenses: Salary/benefits for Janitors and Nutritional Aides.	366,883
Expense/Equipment/Travel/Supplies/Other	Costs of repairs and maintenance of the hot meal locations	1,190,550
Consultants/Contracted Services/Study	Expenditures for the actual costs of the meals provided through the program, nutritionist, and insurance for the locations.	6,143
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	n/a	0
Total State Funds Requested (must equal total from question #6)		1,649,631



The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

LFIR # 1153

11. Program Performance

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

The goal of the program is to provide a daily healthy meal for the elderly in our community and to bolster this effort through nutrition education.

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

The purpose of the program would be to provide a free healthy and balanced meal to improve the life and health of the participants. The project operation is expected to yield 300,000 free lunch meals which would equate to serving 1,000 elderly City of Hialeah citizens. Further we will provide approximately 9,000 nutrition education classes and approximately 1,000 nutritional screenings for our participants.

c. What direct services will be provided to citizens by the appropriation 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.

d. 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 is the target population of this program. The project operation is expected to yield 300,000 free lunch meals which would equate to serving 1,000 elderly City of Hialeah citizens.

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

The expected benefit of the program is to provide our elderly with a daily healthy meal and with the nutritional knowledge they need to live long healthy lives. The methodology by which the outcome shall be measured will solely be the data of participants, classes offered and meals served.

f. 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?

Failing to meet deliverable should result in non-reimbursement.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1153

12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

The facilities are City-owned properties.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
 - Non-Profit 501(c) (3)
 - Non-Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.