



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1721

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

4. **Project/Program Description**

The City of Hallandale Beach seeks to provide critically needed community-based services to persons aged 60 years plus. The program will be housed at the Austin Hepburn Center through the provision of recreational activities and transportation services to minimize social isolation, avoid and/or delay nursing home placement. The program will require approximately \$276,584 in funding in annual service to approximately 300 clients to be contracted through the Department of Elder Affairs.

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: 80px;" type="text" value="276,584"/>
Fixed Capital Outlay	<input style="width: 80px;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b><input style="width: 80px;" type="text" value="276,584"/></b>

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: 80px;" type="text" value="276584"/>	<input style="width: 60px;" type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80px;" type="text" value="00"/>	<input style="width: 60px;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80px;" type="text" value="00"/>	<input style="width: 60px;" type="text" value="0"/> %
Local	<input style="width: 80px;" type="text" value="00"/>	<input style="width: 60px;" type="text" value="0"/> %
Other	<input style="width: 80px;" type="text" value="00"/>	<input style="width: 60px;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b><input style="width: 80px;" type="text" value="276,584"/></b>	<b><input style="width: 60px;" type="text" value="100"/> %</b>

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: 60px;" type="text" value="2019-20"/>	<input style="width: 60px;" type="text" value="00"/>	<input style="width: 100px;" type="text" value="82,080"/>	<input style="width: 60px;" type="text" value="398"/>	<input type="text" value="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 # 1721

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits	Senior Services Supervisor, Social Worker II, PT Food Service Aide, 3 PT Van Drivers, PT Clerical Assistant	235,701
Expense/Equipment/Travel/Supplies/Other	Computer software Maintenance, Uniforms, Travel, Printing and Binding, Office Supplies, Special Event Supplies	20,223
Consultants/Contracted Services/Study	Computer instructor, Cultural Artists, Special Events Guest Speakers and Performance	20,660
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>276,584</b>



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1721

#### 11. Program Performance

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

Reducing the high incidence of senior social isolation and increasing the quality of life for people 60 year's old plus is one of the Department of Elder Affairs top priorities. Social isolation has been directly linked to higher risks of mortality, poor physical and mental health, poor cognitive performance, depression, and elder abuse. The Department of Elder Affairs estimates that the City of Hallandale Beach has 14,003 residents over 60 years old. The City of Hallandale Beach, Human Services Department seeks to serve this population. This project will allow seniors 60 year's plus to maintain contact with the greater community, minimize isolation, remain in their homes "with dignity" and avoid nursing home placement.

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

The City of Hallandale Beach, together with the Department of Elder Affairs, seeks to offer a year-round Senior Center to people 60 years plus. Clients will have the opportunity to participate in a wide array of recreational activities to address loneliness, isolation, increased depression, anxiety, reduced nutrition, and community engagement, especially those who have lost a loved one. Elder-friendly transportation will be provided with enhanced support amenities for older adults.

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

Recreation activities: computer classes, educational forums, games, music enrichment, fitness activities, arts and crafts, ESOL, birthday and holiday celebrations. Transportation activities: field trips to museums, health fairs, botanic gardens, parks, movies, shopping, siteseeing excursions, concerts, pharmacy, and grocery store excursions.

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

It is anticipated that this programming will result in service to approximately 300 seniors 60 years' plus who are able to maintain an acceptable quality of life in their own home. The population in which the program will serve includes persons from the following census tracts: 1002 – 62.30% of Low/Moderate Income; 1003 – 57.18% of Low/Moderate Income; 1004 – 80.78% of Low/Moderate Income; 1005 – 59.70% of Low/Moderate Income.

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

It is anticipated that seniors participating in the program will experience a DECREASE in social isolation which has a strong association with depression, poor cognitive performance, poor physical and mental health and susceptibility to elder abuse. The seniors participating in the program will maintain contact with the greater community, become more invigorated and motivated to engage in activities, thereby, minimizing social isolation avoiding and/or delaying long term care or nursing home placement. Program performance is gathered through a proprietary software program called My Senior Center tracking attendance rates for events, duplicated and unduplicated numbers, as well as the number of hours of service delivery. Performance metrics are reported monthly. There is an annual Programmatic Monitoring along with Client Satisfaction Surveys that spotlight areas that are highly successful and areas that need more attention.

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?

Requirement for Performance Improvement Plan and/or Corrective Action Plan.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1721

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.**

NA

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.