



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2438

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Senior Congregate Meals Program is designed to provide nutritional sound meals to eligible seniors who are assessed as being in danger of malnutrition. The goal of the project is to reduce or delay the need for more expensive nursing home placement allowing seniors to continue to age in place with dignity. Besides a healthier nutritional lifestyle, this Program promotes community engagement and provides Information/Referral, Nutrition Education/Counseling, as well as cultural and recreational activities. Community Action and Human Services Department works collaboratively with Miami-Dade County Park, Recreation and Open Spaces Department, Miami-Dade County Public Housing and Community Development, City of Miami, City of South Miami, and non-profit organizations to facilitate programming. Community Action and Human Services Department has been successful in providing nutritional meals to the senior population of Miami-Dade County through twenty-one (21) congregate sites.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	275,000
Fixed Capital Outlay	0
Total State Funds Requested	275,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	275,000	70%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	120,000	30%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	395,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

The program will use federal funding via the Older Americans Act, in lieu of not receiving an appropriation.



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

If yes, indicate the amount of funds received and what the funds were used for.

\$1,419,320,111.50 to provide financial aid to, among others, small businesses, veterans, senior meals, restaurants, hotel workers, first responders, landlords, low-income tenants, nonprofits, and day care centers; county services and also direct distributions to Miami-Dade municipalities.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Contracted services for preparation and delivery of meals.	275,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		275,000

14. Program Performance

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



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Community Action and Human Services Department's has been providing an alternative to institutionalization for over forty (40) years to Seniors County wide. The Senior Congregate Meals Program is designed to provide nutritionally sound meals to eligible seniors who are assessed as being in danger of malnutrition. The goal of the project is to reduce or delay the need for more expensive nursing home placement allowing seniors to continue to age in place with dignity.

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

The program will provide nutritional meals to the senior population of Miami-Dade County through nineteen (19) congregate sites. Additionally, the program will promote community engagement and provide information/referral and nutrition education/counseling services as well as facilitating cultural and recreational activities to qualifying seniors.

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

Nutritional meals to the senior population of Miami-Dade County through nineteen (19) congregate sites.

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

Elderly persons, and young adults with disabilities. An estimated 51-100 individuals are expected to receive services.

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

Prevention of Client Institutionalization; Achieving appropriate nutrition for seniors. Clients who are able to maintain home residency will be measured, inclusive of the number of clients provided with nutritious meals; and the number of meals provided at the 19 congregate meal sites.

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 the contract?

Failure to perform will result in no disbursement of funds.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. 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



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☒ Other (please specify) County Department

d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number