



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Osceola Council on Aging - Home Delivered Meals

2. **Senate Sponsor:** Victor Torres

3. **Date of Submission:** 12/04/2017

4. **Project/Program Description:**

To provide Home Delivered Meals to 800 frail, homebound elderly residents who are on the home delivered meal waiting list in Osceola County. More than 1000 older adults are on the waiting list. In addition to providing a nutritious meal, this program provides a safety check, and sometimes the only opportunity for face-to-face contact for that day, reducing the isolation that many older adults experience and linking them to additional services if needed.

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	154,432	22.4%
State (excluding the amount of this request)	90,000	13.0%
Local	18,498	2.7%
Other	177,375	25.7%
TOTAL	440,305	63.8 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 690,305

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
e. 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.)		
Column:	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?

Nutritious meals will be delivered to frail, homebound older adults who are on the waiting list for home delivered meals.

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

Seniors and frail adults will receive a nutritious meal and will have a reduction in isolation due to daily visits with meal delivery.

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		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Program Manager and Kitchen	220,900



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

	staff	
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Food and Food Supplies, Utilities, Insurance, vehicles	448,695
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Cleaning Company, Computer Support, Dietition	20,710
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		690,305

d. What are the direct services to be provided to citizens by the appropriations project?

To provide a home delivered meal to 800 frail homebound residents who are on the home delivered meal waiting list in Osceola County. In addition to providing a nutritious meal, this program provides a safety check, and sometimes the only opportunity for face-to-face contact for that day, reducing the isolation that many older adults experience and linking them to additional services if needed.

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

Frail elderly residents of Osceola County.

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

To improve physical health and reduce isolation

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?

Each contract has financial penalties for failing to meet deliverables or performance measures. The agency would first be placed on corrective action.

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:** Beverly Hougland
- b. **Organization:** Osceola Council on Aging
- c. **Email:** houglandb@osceola-coa.com
- d. **Phone Number:** (407)483-1472



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

14. Recipient Contact Information:

a. Organization: Osceola Council on Aging

b. County: Osceola

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: Beverly Hougland

e. E-mail Address: houglanb@osceola-coa.com

f. Phone Number: (407)483-1472

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: