1. **Title of Project:** North Miami Foundation for Senior Citizens Services, Inc. - Services for Elderly at Risk

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 01/23/2019

4. **Project/Program Description:**
   Adequate nutrition is vital to the health and well-being of seniors. The home-delivered meals and groceries provided through this program will stabilize nutritional risk, improve mental health functioning, and promote critical social interaction for elders facing isolation and depression due to loneliness.

5. **State Agency to receive requested funds:** Department of Elder Affairs
   
5. State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>282,787</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
</tbody>
</table>

   **Total State Funds Requested: 282,787**

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>282,787</td>
<td>34.91%</td>
</tr>
<tr>
<td>Federal</td>
<td>112,456</td>
<td>13.88%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>303,180</td>
<td>37.42%</td>
</tr>
<tr>
<td>Other</td>
<td>111,735</td>
<td>13.79%</td>
</tr>
</tbody>
</table>

   **Total Project Costs for Fiscal Year 2019-2020: 810,158**

8. **Has this project previously received state funding?** Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yyyy)</th>
<th>Recurring</th>
<th>Amount</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td></td>
<td>250,000</td>
<td>397</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?** Yes
   
9a. **If yes, indicate non-recurring amount per year.** $300,000

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

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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11. Program Performance:

a. **What is the specific purpose or goal that will be achieved by the funds requested?**
   
   Adequate nutrition is vital to the health and well-being of seniors. The home-delivered meals and groceries provided through this program will stabilize nutritional risk, improve mental health functioning, and promote critical social interaction for elders facing isolation and depression due to loneliness.

b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
   
   Adequate nutrition is vital to the health and well-being of seniors. The home-delivered meals and groceries provided through this program will stabilize nutritional risk, improve mental health functioning, and promote critical social interaction for elders facing isolation and depression due to loneliness.

c. **What are the direct services to be provided to citizens by the appropriations project?**
   
   Home-delivered meals, seven days per week, to elderly residents at-risk of hunger and malnutrition.

d. **Who is the target population served by this project? How many individuals are expected to be served?**
   
   Home-delivered meals to elderly residents at-risk of hunger and malnutrition.

e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
   
   Adequate nutrition is vital to the health and well-being of seniors. The home-delivered meals and groceries provided through this program will stabilize nutritional risk, improve mental health functioning, and promote critical social interaction for elders facing isolation and depression due to loneliness.

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?**
If meals are not delivered, no payment is received. Provider must follow all Department of Elder Affairs Program Manual requirements for home-delivered meals.

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: Debbie Kleinberg
   b. Organization: North Miami Foundation for Senior Citizens Services, Inc.
   c. E-mail Address: dk@nmf620.org
   d. Phone Number: (305)893-1450

14. Recipient Contact Information:
   a. Organization: North Miami Foundation for Senior Citizens Services, Inc.
   b. County: Miami-Dade
   c. Organization Type:
      o For Profit
      o Non Profit 501(c) (3)
      o Non Profit 501(c) (4)
      o Local Entity
      o University or College
      o Other (Please specify)
   d. Contact Name: Debbie Kleinberg
   e. E-mail Address: dk@nmf620.org
   f. Phone Number: (305)893-1450

15. Lobbyist Contact Information
   a. Name: Tanya Jackson
   b. Firm Name: PinPoint Results
   c. E-mail Address: tanya@pinpointresults.com
   d. Phone Number: (850)445-0107