1. **Title of Project:** City of North Miami Senior Citizen Meals Program
2. **Senate Sponsor:** Jason Pizzo
3. **Date of Submission:** 02/11/2019
4. **Project/Program Description:**
   The City of North Miami Senior Citizen Meals program enables the North Miami senior constituency to receive hot, nutritionally balanced meals. Currently, the City operates a Senior Program providing a gateway for the North Miami aging network. This program connects older adults to vital community services that assist participants in staying healthy and independent.
5. **State Agency to receive requested funds:** Department of Elder Affairs
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>500,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>500,000</strong></td>
</tr>
</tbody>
</table>

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>500,000</td>
<td>76.92%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</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>150,000</td>
<td>23.08%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>650,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Spending Category Administrative Costs:</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Other Salary and Benefits
Expense/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study

**Operational Costs:**
Salary and Benefits
Expense/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study  Hot meals  500,000

**Fixed Capital Construction/Major Renovation:**
Construction/Renovation/Land/Planning Engineering

**Total State Funds Requested (must equal total from question #6)**  500,000

11. Program Performance:

   a. **What is the specific purpose or goal that will be achieved by the funds requested?**
      The purpose of the funds is to provide hot meals to the North Miami aging constituency.

   b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
      Participants of the North Miami Golden Seniors program will receive nutritionally balanced hot meals on a weekly basis. This program helps alleviate hunger.

   c. **What are the direct services to be provided to citizens by the appropriations project?**
      The program enables the North Miami constituency to receive nutritionally balanced meals inclusive of fruits and vegetables and a variety of food choices.

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

   e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
      The program will reduce hunger. There will be a database that assesses the number of households 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?**
      The penalty for not performing this project would require the reimbursement of state funds.

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:** Larry Spring
   
   b. **Organization:** City of North Miami
c. E-mail Address: Ispring@northmiamifl.gov
d. Phone Number: (305)895-9898

14. Recipient Contact Information:
   a. Organization: City of North Miami
   b. County: Miami-Dade
   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: Natasha Colebrook-Williams
   e. E-mail Address: ncolebrook-williams@northmiamifl.gov
   f. Phone Number: (305)895-9898

15. Lobbyist Contact Information
   a. Name: Ron Book
   b. Firm Name: Ronald Book, P.A.
   c. E-mail Address: ron@rlbookpa.com
   d. Phone Number: (305)935-1866