1. **Title of Project:** City of West Park - Senior Programming

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 02/13/2019

4. **Project/Program Description:**
   In keeping with the nation’s desire to enhance the quality of life for our senior residents, the Senior Program will support high quality, low-cost activities and nutrition for seniors. The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise, and nutrition. This program will minimize service gaps for our senior population who may suffer from depression, anxiety, and loneliness.

5. **State Agency to receive requested funds:** Department of Elder Affairs
   - 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>250,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>250,000</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>250,000</td>
<td>83.33%</td>
</tr>
<tr>
<td>Federal</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>50,000</td>
<td>16.67%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>300,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</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>250,000</td>
<td>397</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

    | Spending Category Administrative Costs: | Description | Amount |
    |----------------------------------------|-------------|--------|
    | Executive Director/Project Head Salary and |             |        |
Benefits
Other Salary and Benefits
Expense/Equipment/Travel/Supplies/Other Development. 250,000
Consultants/Contracted Services/Study

Operational Costs:
Salary and Benefits
Expense/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study

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

Total State Funds Requested (must equal total from question #6) 250,000

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise, and nutrition. This program will minimize service gaps for our senior population who may suffer from depression, anxiety, loneliness, and other ailments that plague our elderly residents.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise, and nutrition. This program will minimize service gaps for our senior population who may suffer from depression, anxiety, loneliness and other ailments that plague our elderly residents.

c. What are the direct services to be provided to citizens by the appropriations project?
The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise and nutrition. This program will minimize service gaps for our senior population who may suffer from depression, anxiety, loneliness, and other ailments that plague our elderly residents.

d. Who is the target population served by this project? How many individuals are expected to be served?
Seniors from not only the City of West Park, but surrounding Cities such as Miramar and Hollywood.

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 provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise, and nutrition. This program will minimize service gaps for our senior population who may suffer from depression, anxiety, loneliness, and other ailments that plague our elderly residents.
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?**

Once the City selects a vendor to perform the scope of services, a series of meetings will occur to establish timeline, objectives, etc. If the selected vendor does not meet the given objectives, the City would then issue a warning. If the penalties continue, the City will then liquidate the damage and start the performance bond process.

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:** W. Ajibola Balogun
   b. **Organization:** City of West Park
   c. **E-mail Address:** abalogun@cityofwestpark.org
   d. **Phone Number:** (954)989-2688

14. **Recipient Contact Information:**
   a. **Organization:** City of West Park
   b. **County:** Broward
   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:** W. Ajibola Balogun
   e. **E-mail Address:** abalogun@cityofwestpark.org
   f. **Phone Number:** (954)989-2688

15. **Lobbyist Contact Information**
   a. **Name:** Yolanda Cash-Jackson
   b. **Firm Name:** Becker & Poliakoff, P.A.
   c. **E-mail Address:** YJACKSON@bplegal.com
   d. **Phone Number:** (954)895-4132