



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1878

1. Title of Project: Northeast Florida Area Agency on Aging - Home Delivered Meals

2. Senate Sponsor: Aaron Bean

3. Date of Submission: 02/10/2019

4. Project/Program Description:

To provide home delivered meals to frail, homebound elderly residents in NE Florida consisting of Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia counties. In NE Florida, it is projected that nearly 93,000 older adults face food insecurity on a daily basis (Food Insecurity Among Older Adults - AARP, DOEA 2017 County Profile). Food insecure seniors are 53% more likely to report a heart attack, 52% more likely to develop asthma, 60% more likely to experience depression, and 40% more likely to experience limitations in the daily activities such as eating, dressing, and bathing than food secure seniors. More than 2,000 older adults are on the waiting list for home delivered meals in our seven counties. While providing a nutritious meal to an older adult, this program also 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 to receive requested funds : Department of Elder Affairs

State Agency Contacted? Yes

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

Type of Funding	Amount
Operations	400,000
Fixed Capital Outlay	
Total State Funds Requested	400,000

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

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	400,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	400,000	100.0%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		400,000	397	No

9. Is future-year funding likely to be requested? Yes



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- a. If yes, indicate non-recurring amount per year. \$400,000

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Home delivered meals	400,000
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)		400,000

11. Program Performance:

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

To provide 60,000 home delivered meals to 1,000 older adults who are on the home delivered meal waitlist. This will provide necessary daily nutrition to homebound seniors, provide a safety check, reduce isolation, and link them to additional services if needed.

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

Meals will be delivered to homebound older adults.

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

Home delivered meals provided to frail, homebound older adults.

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

Frail, homebound older adults who are on the home delivered meal waitlist. 1,000 older adults will be served.

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

In order to be on the home delivered meal waitlist, older adults are frail, disabled, and homebound and have no one available to help with meal preparation. In addition to a nutritious meal, the program provides a safety check, and sometimes the only opportunity for face-to-face contact. This reduces isolation and links older adults to other services if needed. Each client is assessed to evaluate a number of factors including their nutrition status. Questions include how many meals a day a person eats, their nutritional intake such as fruits



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and vegetables and dairy, their ability to shop for food, their ability to prepare their own meals, and their ability to afford food. Data related to the client assessment of nutritional status and client satisfaction is used to assess how successful the program is in regards to improving client outcomes and determining improvement strategies. Results from monitoring and client satisfaction surveys are used to continue improving services.

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?

Providers that are not meeting deliverables will be placed on a corrective action plan and if performance continues to fall short of targets, funds can be shifted to providers who are exceeding targets and have capacity to serve additional seniors.

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:** Linda Levin
- b. **Organization:** Northeast Florida Area Agency on Aging dba ElderSource
- c. **E-mail Address:** linda.levin@myeldersource.org
- d. **Phone Number:** (904)391-6610

14. Recipient Contact Information:

- a. **Organization:** Northeast Florida Area Agency on Aging dba ElderSource
- b. **County:** Duval
- 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:** Linda Levin
- e. **E-mail Address:** linda.levin@myeldersource.org
- f. **Phone Number:** (904)391-6610

15. Lobbyist Contact Information

- a. **Name:** Robert Beck
- b. **Firm Name:** PinPoint Results, LLC
- c. **E-mail Address:** Robert@pinpointresults.com
- d. **Phone Number:** (850)766-1410