



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2252

1. **Title of Project:** Community Coalition - Home Delivered Hot Meals

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 03/04/2019

4. **Project/Program Description:**

The purpose of this program is to assist at-risk, low income elders 60 years of age or older that are home bound in maintaining an acceptable quality of life in their own homes. We provide our participants with a well balanced hot meal Monday through Friday which is delivered to their home. Nutrition is an important part of the fundamentals necessary to maintain our elders health and thereby preventing early institutionalization.

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**

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	
Total State Funds Requested	250,000

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)	250,000	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	250,000	100.0%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		250,000	397	No

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

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	7% of Executive Director salary, FICA/MICA, workers compensation, Health, Dental, Life, and Disability insurance are the	7,740



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	benefits being charged to this program. 7% of total annual expenses are charged for each benefit as that is the % of her time allocated to this program.	
Other Salary and Benefits	10% of Fiscal Officer salary, FICA/MICA, workers compensation, Health, Dental, Life and Disability insurance are the benefits being charged to this program. 10% of total annual expenses are charged for each benefit as that is the % of her time allocated to this program.	11,789
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Audit, Accounting/Professional Fees (I9 and other tax forms, etc), and Payroll charges.	2,350
Operational Costs:		
Salary and Benefits	Program Director, Program Assistant, Assessment Specialist and a clerk are the salaries charged to this program. Benefits allocated are for FICA/MICA, workers compensation, health, life, dental, disability, and retirement.	68,894
Expense/Equipment/Travel/Supplies/Other	Expenses such as building rent, telephone, cell phones, storage, internet, equipment rental and maintenance, office supplies, printing, postage, work experience, and transportation costs for participants.	15,542
Consultants/Contracted Services/Study	Greater Miami Caterers (catering service) Nutritionist.	143,685
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 purpose of this program is to assist at-risk, low income elders 60 years of age or older that are home bound in maintaining an acceptable quality of life in their own homes. We provide our participants with a well balanced hot meal Monday through Friday which is delivered to their home. Nutrition is an important part of the fundamentals necessary to maintain our elders health and thereby preventing early institutionalization.

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

All of our participants are home bound and will be provided with a hot meal that will be delivered to their homes five days a week (Monday - Friday). They will also receive a monthly Nutritional letter that will inform our participants of pertinent information as to their health and nutrition. If Nutritional Counseling is necessary, it will be provided by our State-Certified Dietitian.

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



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We will assess our participants face-to-face to make sure that they qualify for our program. Upon verification, we will enroll them in our program. We will contract a catering company, which is done by bids. The catering will prepare the meals and deliver them to each participant at their home. Our participants will receive meals Monday through Friday. Any participant that is nutritionally deficient will be provided with meals 7 days a week.

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

Elderly persons, persons with poor mental and physical health, economically disadvantaged persons, and developmentally and physically disabled persons. 101-200 people.

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

Improvement of physical health, assessments of which are completed with participants face-to-face. We will be able to obtain a nutritional score and rank to be able to confirm that the participant is in need of our services. We will preform annual reassessment on all participants. This will provide us with their new nutritional score and rank. If changes occur we will assess the participant as soon as we are notified. Improve or maintain elders ability to continue living independently. Economically disadvantaged seniors will have one balanced meal a day, 5 days a week. We use a database to keep track of and maintain a registry of seniors being delivered a meal a day.

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 CCI fails to meet deliverable or performance measures identified in the contract then Alliance for Aging, Inc., will apply financial consequences commensurate with the deficiency.

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:** Elsa Someillan
- b. **Organization:** Community Coalition, Inc.
- c. **E-mail Address:** elsa@communitycoalitioninc.org
- d. **Phone Number:** (305)854-2882

14. Recipient Contact Information:

- a. **Organization:** Community Coalition, Inc.
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity



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☐ University or College

☐ Other (Please specify)

d. Contact Name: Aleida Blanco

e. E-mail Address: cblanco@communitycoalitioninc.org

f. Phone Number: (305)854-2882

15. Lobbyist Contact Information

a. Name: None

b. Firm Name: None

c. E-mail Address:

d. Phone Number: