



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1117

1. **Project Title** North Miami Foundation Services for Elderly at Risk2. **Senate Sponsor** Jason Pizzo3. **Date of Request** 10/30/20194. **Project/Program Description**

Improved nutrition provided through access to home delivered meals and groceries, thereby stabilizing nutritional risk; adequate nutrition is vital to the health and wellbeing of seniors; improved / stabilized mental health functioning due to improved nutrition; and critical social interaction for elders facing isolation and depression due to loneliness.

5. **State Agency to receive requested funds** Department of Elder AffairsState Agency contacted? ☒ Yes ☐ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	000
Total State Funds Requested	300,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300000	35.0 %
Matching Funds		
Federal	115,000	14 %
State (excluding the amount of this request)	00	0 %
Local	305,000	37 %
Other	115,000	14 %
Total Project Costs for Fiscal Year 2020-2021	835,000	100 %

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	00	50,000	398	No

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

If yes, indicate nonrecurring amount per year. 300,000



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director / Project Head time	8,000
Other Salary and Benefits	Administrative Assistant and Data Entry Clerk	10,000
Expense/Equipment/Travel/Supplies/Other	Communications, utilities, printing, supplies, equipment, licenses	3,000
Consultants/Contracted Services/Study	Bookkeeping, nutrition consultant and audit firm	15,000
Operational Costs: Other		
Salary and Benefits	Portions of three social worker salaries and one backup bus driver	56,000
Expense/Equipment/Travel/Supplies/Other	Gasoline, insurance, supplies for client transport to shopping, and mileage reimbursement	8,000
Consultants/Contracted Services/Study	Home delivered meals	200,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		300,000



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11. Program Performance

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

Improved nutrition through access to home delivered meals and groceries, thereby stabilizing nutritional risk; adequate nutrition is vital to the health and wellbeing of seniors; improved / stabilized mental health functioning due to improved nutrition; and critical social interaction for elders facing isolation and depression due to loneliness.

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

Home delivered meals to improve nutrition through access to these meals and groceries, thereby stabilizing nutritional risk; adequate nutrition is vital to the health and wellbeing of seniors; improved / stabilized mental health functioning due to improved nutrition; and critical social interaction for elders facing isolation and depression due to loneliness.

c. What direct services will be provided to citizens by the appropriation 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?

Improved nutrition through access to home delivered meals and groceries, thereby stabilizing nutritional risk; improved / stabilized mental health functioning due to improved nutrition; and critical social interaction for elders facing isolation and depression due to loneliness. Measured through the Department of Elder Affairs Consumer Assessment results and Consumer Satisfaction Surveys

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.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

No FCO is being requested.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☐ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☒ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.