

LFIR # 2095

			e Delivered N	vieais no	t(LSP)			
Senate Sponsor	Amitoro Flores				. ,			
Jenate Oponsor	Anitere Flores							
Date of Request	12/10/2019							
Project/Program	Description							
acceptable quality of li through Friday. Our el and when funds are a highest nutritional sco Letter that will provide	ogram is to assist at risk, low inc fe in their own home. We provio ders are all assessed and, depe vailable, our Assessment Specia res. Approximately 98% of our p them with information about nut eventing early institutionalization	de them vending on alist will controlled the contro	vith a well balan their nutritional onduct an asses as are at risk for	scores and scores and ssment at the malnutritio	eal that is of Ifinancial heir homes n. We prov	delivered needs, a s. Priority vide ther	I to their home of the placed on our y is given to eld n with a monthly	daily, ur wai ers w y Nuti
State Agency to I	receive requested funds	Debe	artment of El	der Affaiı	rs .			
	onrecurring Request for		Year 2020-2	2021				
Type of Funding	g		Amoun	nt				
Operations			2	250,000				
Fixed Capital Ou	ıtlav			000				
				000				
Total State Fun	•		2	250,000				
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Type of Funding Total State Fund Matching Funds Federal State (excluding	ds Requested It for Fiscal Year 2020-20 S Requested (from questics	on #6)	cluding mat	250,000 ching fu tt 250000 00 00	Percer	0 % 0 %	for this pro	ject)
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Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Collas this project	ds Requested It for Fiscal Year 2020-20 It seems to see the amount of this requese the amount of this requese to sets for Fiscal Year 2020 In the amount of this requese the amount of the amoun	on #6) -2021 e fundi	Amoun	250,000 ching fu nt 250000 00 00 00 250,000 es	Percer 100	0 % 0 % 0 % 0 % 0 %	1	ject)
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If yes, indicate nonrecurring amount per year.



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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	10% of Executive Director 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 percentage of their time allocated to this program.	11,833
Other Salary and Benefits	8% of Chief Financial Officer salary, FICA/MICA, workers compensation, Health, Dental, Life and Disability insurance are the benefits being charged to this program. 8% of total annual expenses are charged for each benefit as that is the percentage of their time allocated to this program.	11,727
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study	Audit, Accounting/Professional Fees (I9 and other tax forms, etc) and Payroll charges.	2,100
Operational Costs: Oth	er	
Salary and Benefits	Program Director, Program Assistant, Assessment Specialist and a Clerk are the salaries charged to this program. Benefits allocated are FICA/MICA, workers compensation, health, dental, life, disability and retirement match.	64,623
Expense/Equipment/ Travel/Supplies/Other	Expenses such as building rent, telephone, cell phones, storage, internet equipment rental and maintenance, office supplies, printing, and postage.	15,842
Consultants/Contracted Services/Study	Greater Miami Caterers (catering service) and Nutritionist.	143,875
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	equested (must equal total from question #6)	250,000



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1.	Program Performance
а.	What specific purpose or goal will be achieved by the funds requested?
	Our goal is to make sure that our participants who are homebound and live alone do not go without eating at least one hot meal a day. Our service provides them with a nutritionally rich meal. Nutrition is part of the fundamental necessity to maintain our elders health and thereby prevent early institutionalization.
b.	What activities and services will be provided to meet the intended purpose of these funds?
	Our elders will be assessed at their homes to determine nutritional need. Once enrolled in our program, our elders will be provided with home delivered hot meals five days a week. They will also receive a monthly nutrition education letter that will inform them of pertinent information as to their health and nutrition. We will provide referrals to other agencies for any additional services the elderly may need.
C.	What direct services will be provided to citizens by the appropriation project?
	Our elders will be provided with home delivered hot meals Monday through Friday. They will also receive a monthly nutritional education letter that will inform them of pertinent information as to their health and nutrition.
d.	Who is the target population served by this project? How many individuals are expected to be served?
	Our target populations are: elderly persons, persons with poor mental health, persons with poor physical health, economically disadvantaged, developmentally and/or physically disabled persons. The majority of our clients are at risk, low income elders 60 years of age or older that are home bound and are nutritionally deficient. We expect to serve between 160 and 175 elderly.
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
	The expected outcome is improved physical health and nutritional scores, possibility/ability to continue living independently. Our outcomes are measured by priority ranking and nutrition scores, calculated at the time of their yearly assessments.
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 a contractor fails to meet deliverables or performance measures identified in the contract then Alliance will apply financial consequences commensurate with the deficiency.



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None)			
Requ	estor Contact	t Information		
a. F	irst Name	Aleida	Last Name	Blanco
b. O	rganization	Community Coalition, Inc.		
с. Е	-mail Address	cblanco@communitycoalitioning	c.org	
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Recip	pient Contact	Information		
a. O	rganization	Community Coalition, Inc.		
b. M	unicipality and	County Miami-Dade		
c. Oı	rganization Typ	De .	,	
	For-profit E			
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C	Non-Profit 5	501(c) (4)		
C	Local Entity	,		
\subset	University of	or College		
\subset	Other (plea	se specify)		
d. Fi	rst Name	Aleida	Last Name	Blanco
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	none Number			
Lobb	yist Contact I	nformation		
a. N	ame	None		
b. Fi	irm Name	None		