



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1129

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

5. **State Agency to receive requested funds**
- State Agency contacted?**  Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	292,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>292,000</b>

7. **Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	292,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>292,000</b>	<b>100%</b>

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

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	292,000	400	No

9. **Is future funding likely to be requested?**  Yes
- a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

Yes

**If yes, indicate the amount of funds received and what the funds were used for.**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1129

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Funds for meals for the elderly.	292,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>292,000</b>

**12. Program Performance**

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

Hot meals are provided five days a week as well as entertainment and activities.

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

Hot meals are provided five days a week as well as entertainment and activities.

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

Hot meals are provided five days a week as well as entertainment and activities.

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

The elderly population of Hialeah Gardens who are in need of hot nutritious meals as well as companionship. The City serves in excess of 200 individuals.

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

Senior citizens of Hialeah Gardens who do not have companionship as well as are unable to provide hot nutritious meals for themselves will spend five days a week both receiving meals and participating in activities and outings. In addition, to conducting a yearly assesment of each individual served client, the City distributes two bi-yearly surveys in order to assure that all City objectives are being achieved.

**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 the contract?**

The City is open to any proposed penalties for failing to deliver or perform.

**13. 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.**

The City of Hialeah Gardens is the owner/operator of the facility.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1129

#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number