



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1175

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

## 4. 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 well-being 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 State Agency contacted? 

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

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>300,000</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)	300,000	36%
<b>Matching Funds</b>		
Federal	167,158	20%
State (excluding the amount of this request)	0	0%
Local	252,930	30%
Other	117,524	14%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>837,612</b>	<b>100%</b>

8. Has this project previously received state funding? 

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	150,000	400	No

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

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

State funding means more at-risk seniors can eat.  
As indicated in Question 7 above, there are matching funds, federal funds and some local funds due to the large number of at-risk seniors in Northern Miami-Dade who do NOT receive adequate nutrition.

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



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

Approximately \$23,321.55 in Families First & \$65,390 in CARES Act funding were spent primarily for home delivered meals and expended by the end of July. In addition, \$51,510 in PPP funding and \$8,000 in an EIDL Advance were also received in early 2020.

#### 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	Executive Director / Project Head	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	Accounting, nutrition consultant and audit firm (as needed).	15,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Portions of 2 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
<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>300,000</b>

#### 12. 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 well-being 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 well-being 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.



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**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?**

If meals are not delivered, no payment is received. Provider must follow all Department of Elder Affairs Program Manual requirements for home delivered meals.

**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.**

No FCO is being requested.



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#### 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