

LFIR # 1208

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	•		ieu of state funding.		
_	kely to be requested from the content of the conten		No		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
Fiscal Year	Amou	nt	Specific	Vetoed	
8. Has this project pr	eviously received sta	ate funding?	No		
<b>Total Project Cost</b>	s for Fiscal Year 2021	1-2022	500,000	100%	
Other			125,000	25%	
Local			125,000	25%	
	amount of this reques	st)	0	0%	
Matching Funds Federal			0	0%	
	Requested (from questi	ion #6)	250,000	50%	
Type of Funding			Amount	Percentage	
'. Total Project Cost	for Fiscal Year 2021-2	2022 (including	matching funds avail	lable for this proje	ect)
<b>Total State Funds</b>	Requested			250,000	
Fixed Capital Outla	У			0	
Operations			Amot	250,000	
Type of Funding			Amou	ınt	
	recurring Request fo	or Fiscal Year 20	21-2022		
o. State Agency to re State Agency cont	ceive requested fundant	<b>і</b> ъ   Departme	ent of Elder Affairs		
bus transportation, and nutrition; this p loneliness and othe	credentialed and court rogram will minimize se r ailments that plagues	eous staff service ervice gaps for of s our elderly resid	es, social interaction, rur senior population the dents.	ecreational outings	s, health fairs, exercise
In keeping with the	nation's desire to enhant st activities and nutrition	ance the quality on for senior resident	of life for our senior res	sidents, the Senior	Program will support
4. Project/Program D					
3. Date of Request	02/05/2021				
2. Senate Sponsor	Shevrin Jones				



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

Operating Reimbursements for Hazard Pay - \$11,164.84; Remote Work - \$13,571.15; Police Operating - \$41,856.64

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

Spending Category	Description	Amount				
Administrative Costs:						
Executive Director/Project Head Salary and Benefits	Program driver, case workers, staffing	12,500				
Other Salary and Benefits		0				
Expense/Equipment/Travel/Supplies/ Other	To enhance the quality of life for our senior residents, the Senior Program will support high quality, low-cost activities and nutrition for senior residents.	7,500				
Consultants/Contracted Services/Study		0				
Operational Costs: Other	Operational Costs: Other					
Salary and Benefits	To enhance the quality of life for our senior residents, the Senior Program will support high quality, low-cost activities and nutrition for senior residents.	150,000				
Expense/Equipment/Travel/Supplies/ Other	Weekly activities through shuttle bus transportation, social activities recreational activities, health fairs, exercise, and transportation	60,000				
Consultants/Contracted Services/Study	To enhance the quality of life for our senior residents, the Senior Program will support high quality, low-cost activities and nutrition for senior residents.	20,000				
Fixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (must equal total from question #6)						

### 12. Program Performance

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

Due to the COVID-19 Pandemic, many of the seniors in the community are in need of assistance, primarily with transportation, wellness checks, food, community information, and resources.

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

Programming to minimize service gaps for senior citizens that may suffer from depression, anxiety, loneliness, or other ailments.

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

Transportation to shopping, doctors appointments, community events, etc. .

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

The funds will benefit the senior community. We are expecting to serve 250-300 seniors per year.

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

Total wellness for the senior community through preventive measures.

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?



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Re-prioritize the appropriation requ	Jests.	

13.	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.	•

N/A		
NI/Δ		
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14	14. Requestor Contact Information						
	a. First Name	John		Last Name	Pate		
	b. Organization	City of Opa-locka					
	c. E-mail Address	jpate@op	jpate@opalockafl.gov				
	d. Phone Number	(305)953	(305)953-2821 <b>Ext.</b>				
15	15. Recipient Contact Information						
	a. Organization	City of O	oa-locka				
	b. Municipality and	d County	Miami-Dade				
	c. Organization Ty	ре					
	□For Profit Entity						
	□Non Profit 501(c)(3)						
	□Non Profit 501(c)(4)						
	☑Local Entity						
	□University or Co	llege					
	□Other (please specify)						
	d. First Name	John		Last Name	Pate		
	e. E-mail Address	jpate@opalockafl.gov					
	f. Phone Number	(305)953-2821					
16	16. Lobbyist Contact Information						
	a. Name	None					
	b. Firm Name	None					
	c. E-mail Address	SS					
	d. Phone Number						