



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1407

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

4. Project/Program Description

To provide home delivered meals to frail, homebound elderly residents in NE Fla consisting of Baker, Clay, Duval, Flagler, Nassau, St. Johns and Volusia Counties.
 In NE Fla, it is projected that nearly 93,000 older adults face food insecurity on a daily basis.
 (Food Insecurity Among Older Adults - AARP, DOEA 2017 County Profile) Food insecure seniors are 53% more likely to report a heart attack, 52% more likely to develop asthma, 60% more likely to experience depression, and 40% more likely to experience limitations in the daily activities such as eating, dressing and bathing than food secure seniors. More than 2,000 older adults are on the waiting list for home delivered meals in our seven counties. While providing a nutritious meal to an older adult, this program also provides a safety check, and sometimes the only opportunity for face-to-face contact for that day, reducing the isolation that many older adults experience and linking them to additional services if needed.

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	400,000
Fixed Capital Outlay	0
Total State Funds Requested	400,000

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)	400,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	400,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	400,000		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.**

These funds will be used to provide home delivered meals to older adults who are on a wait list due to no other funding available.



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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.

\$6,859,447 - Used for COVID related activities and to provide services for older adults who were directed to remain in their homes due to the pandemic. Services included, but were not limited to home-delivered meals, telephone reassurance, purchase of supplies and personal protective equipment, services to address social isolation, loneliness and mental health.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Home Delivered Meals	400,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		400,000

12. Program Performance

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

To provide 55,000 home delivered meals to 500 older adults who are on the home delivered meal wait list. This will provide necessary daily nutrition to homebound seniors, provide a safety check, reduce isolation, and linking them to additional services if needed.

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

Meals will be delivered to homebound older adults

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

Home delivered meals provided to frail, homebound older adults

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

Frail, homebound older adults who are on the home delivered meal waitlist. 505 older adults will be served

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



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In order to be on the home delivered meal waitlist, older adults are frail, disabled, and homebound and have no one available to help with meal preparation. In addition to a nutritious meal, the program provides a safety check, and sometimes the only opportunity for face-to-face contact. This reduces isolation and links older adults to other services if needed.

Each client is assessed to evaluate a number of factors including their nutrition status. Questions include how many meals a day a person eats, their nutritional intake such as fruits and vegetables and dairy, their ability to shop for food, their ability to prepare their own meals and their ability to afford food. Data related to the client assessment of nutritional status and client satisfaction is used to assess how successful the program is in regards to improving client outcomes and determining improvement strategies. Results from monitoring and client satisfaction surveys are used to continue improving services.

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?

Providers that are not meeting deliverables will be placed on a corrective action plan and if performance continues to fall short of targets, funds can be shifted to providers who are exceeding targets and have capacity to serve additional seniors.

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



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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