

1. Project Title

Yes

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

Jewish Community Services of South Florida - Nutritional Equity for Seniors Keeping Kosher

LFIR # 1868

| Senate Sponsor | Ileana Garcia | | | | |
|---|--|---|---|-------------------------------------|------------------|
| Date of Request | 02/10/2021 | | | | |
| Project/Program Do | escription | | | | |
| The specific purpos dietary restrictions, t Funding will ensure | se of the funds is to that require Koshe that clients who ob The funds will allow | r food. Kosher meal oserve kosher dietar v JCS clients to mai | quality, nutritious meals s are more expensive t y laws are not provided ntain self-sufficiency ar | o produce. d lower-quality meals | s due to religio |
| State Agency to re | ceive requested f | unds Departme | ent of Elder Affairs | | |
| State Agency conta | acted? No | | | | |
| Amount of the Non | recurring Reques | t for Fiscal Year 20 |)21-2022 | | |
| Type of Funding | | | Amou | ınt | |
| Operations | | | | 400,000 | |
| Fixed Capital Outlay | / | | | 0 | |
| Total State Funds | Requested | | | 400,000 | |
| Total Project Cost f | or Fiscal Year 20 | 21-2022 (including | matching funds avail | able for this project | t) |
| Total State Funds R | equested (from qu | estion #6) | 400,000 | 100% | |
| Matching Funds | | | | | |
| Federal | | | 0 | 0% | |
| State (excluding the | amount of this rec | uest) | 0 | 0% | |
| Local | | | 0 | 0% | |
| Other | | | 0 | 0% | |
| Total Project Costs | s for Fiscal Year 2 | 021-2022 | 400,000 | 100% | |
| Has this project pro | eviously received | state funding? | No | | |
| Fiscal Year | Am | ount | Specific Appropriation # | Vetoed | |
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | |
| | | | | | |
| Is future funding lil | kely to be request | ted? | Yes | | |
| a. If yes, indicate n | onrecurring amo | unt per year. | 400,000 | | |
| b. Describe the so | urce of funding th | at can be used in | lieu of state funding. | | |
| | | | | | |
| None. | | | | | |



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LFIR # 1868

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

CARES Act - Support Services - \$105,843.53 for supportive services and counseling to seniors. CARES Act - Nutrition Services - \$166,230.87

for nutrition services/meals to seniors.

Families First COVID-19 Funding C1 - \$85,327.10 - for nutrition services/meals to seniors.

Families First COVID-19 Funding C2 - \$300,033.75 - for nutrition services/meals to seniors.

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

| Spending Category | Description | Amount | | | |
|---|-------------------------|---------|--|--|--|
| Administrative Costs: | 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 | | 0 | | | |
| Operational Costs: Other | | | | | |
| Salary and Benefits | | 0 | | | |
| Expense/Equipment/Travel/Supplies/ Other | | 0 | | | |
| Consultants/Contracted Services/Study | Kosher meals to seniors | 400,000 | | | |
| 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?

Combating food insecurity for seniors in Miami Dade county who rely on specific dietary meals for sustenance and stability.

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

Kosher meals will be provided via home deliveries or congregate meal sites (when its safe to do so) to 1,200 senior households annually.

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

The meals are being delivered to clients in their homes to safeguard their health and wellness and support their nutritional wellbeing.

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

The target population for these funds are seniors in Miami-Dade county who may be economically disadvantaged, in poor physical health, and physically disabled regardless of race, religion, ethnicity, or gender. We expect to serve approximately 1,200 seniors.

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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LFIR # 1868

Senior clients maintain nutritionally balanced diets and are able to enhance their quality of life and independence while living in their own homes reducing use of costly institutional/residential facilities.

Social Workers and support staff conduct periodic assessment of nutritional risk scores and assess health and wellness of each senior client. Senior clients will also feel less food insecure and will complete a client feedback survey.

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?

There is a severe adverse impact in denying nutritionally balanced home delivered meals of equal quality to seniors that have religious dietary restrictions. Our agency is the ONLY Kosher food meal provider in Miami Dade that provides home delivered food to seniors that are homebound and/or sheltering in place due to COVID 19. Without these meals, seniors' health will deteriorate, and they will lose their ability to care for themselves in their homes.

| 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. | |

| None | | | |
|------|--|--|--|



d. Phone Number (850)224-3427

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LFIR # 1868

| 14. Requestor Contact information | | | | | |
|-----------------------------------|--|---------------|---------|--|--|
| a. First Name | Miriam | Last Name | Singer | | |
| b. Organization | Jewish Community Services of South Florida, Inc. | | | | |
| c. E-mail Address | msinger@jcsfl.org | | | | |
| d. Phone Number | none Number (786)696-3267 Ext. | | | | |
| 15. Recipient Contact | Information | | | | |
| a. Organization | Jewish Community Service | es of South F | Florida | | |
| b. Municipality and | b. Municipality and County Miami-Dade | | | | |
| c. Organization Ty _l | pe | | | | |
| □For Profit Entity | | | | | |
| ☑Non Profit 501(c | ☑Non Profit 501(c)(3) | | | | |
| □Non Profit 501(c | □Non Profit 501(c)(4) | | | | |
| □Local Entity | ocal Entity | | | | |
| □University or Co | College | | | | |
| □Other (please sp | □Other (please specify) | | | | |
| d. First Name | Jessica | Last Name | Perez | | |
| e. E-mail Address | jperez@jcsfl.org | | | | |
| f. Phone Number | one Number (305)899-8301 | | | | |
| 16. Lobbyist Contact Information | | | | | |
| a. Name | Ron Book | | | | |
| b. Firm Name | Ronald L. Book, P.A. | | | | |
| c. E-mail Address | ron@rlbookpa.com | | | | |