

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 1002

1. Project Title	Miami Springs S	enior Center S	upplen	nental Meals and S	Services	
2. Senate Sponsor	Manny Diaz					
3. Date of Request	09/29/2021					
4. Project/Program D	escription					
clients with breakfas	st delivéries, 2) prov a, aerobics, dance a	ide physical an nd Tai Chi for a	d men	ital health support s, and 3) provide a	cts-based`recreation	homebound elderly ss classes including nal activities that promote
5. State Agency to re	ceive requested fu	nds Depa	artmer	nt of Elder Affairs		
State Agency conta	acted? Yes					
6. Amount of the Non	recurring Request	TOT FISCAL YEA	r 2022			1
Type of Funding				Am	ount	4
Operations					300,000	-
Fixed Capital Outlay Total State Funds					300,000	1
7. Total Project Cost f	for Fiscal Year 202	2-2023 (includ	ina m	atching funds av	ailable for this proi	ect)
Type of Funding		(9	Amount	Percentage]
	Requested (from que	stion #6)		300,000		1
Matching Funds		<u> </u>		200,000	.00/0	1
Federal				0	0%	1
	State (excluding the amount of this request)			0		1
Local				0		1
Other				0		1
Total Project Costs	s for Fiscal Year 20	22-2023		300,000		1
8. Has this project pr	eviously received :	state funding?		Yes		
Fiscal Year	Amount			Specific	Vetoed]
(уууу-уу)	Recurring	Nonrecurrir	ng	Appropriation #		
2021-22	0	215	,000	391	No	
9. Is future funding li	kely to be requeste	ed?	\	⁄es		
a. If yes, indicate n	onrecurring amou	nt per year.	2	275,000		
b. Describe the so	urce of funding tha	t can be used	in lie	u of state funding	J .	
NONE AVAILABLE	AT THIS TIME					
10. Has the entity req	uesting this projec	t received any	y fede	ral assistance rel	ated to the COVID-	·19 pandemic?
Yes	· · ·	•				-
If ves. indicate the	amount of funds i	eceived and v	vhat ti	he funds were us	ed for.	



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\$550,000 for reimbursement of PPE, COVID testing, sick pay, and police hazard pay.

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	Contracted services-Catering & educational staff	295,000		
Operational Costs: Other				
Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other	Supplies	5,000		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Majo	r 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?

The goal is to improve the physical and emotional well-being of Miami Springs/Virginia Gardens seniors by providing consistent nutritional meals, physical activities, enrichment and educational programs and vital social interaction.

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

Funds will enable the City of Miami Springs to expand health support programs such as daily activities that include a variety of exercise, enrichment classes and social activities, outings as well as enabling the City to continue providing vital nutritional services to frail and vulnerable housebound residents of Miami Springs and the neighboring Village of Virginia Gardens.

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

Approximately 20,100 homes were delivered breakfast meals, 620 physical and mental health support classes and 100 2-hour recreation activities classes (art, music and cultural performances).

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

Under served low-income senior citizens of Miami Springs and Virginia gardens. 500 expected to be served.

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

The expected outcome is improved nutrition for our frail and elderly housebound clients and stabilized or improved physical and mental health for seniors who are able to come to the senior center. The outcomes will be measured through annual client assessments completed and recorded in the State of Florida CIRTS system.

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?

Revocation of funding if project is not completed.



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13.	The owners of the facility to receive, directly	or indirectly, an	y fixed capital	outlay funding.	Include the
	relationship between the owners of the facilit	ty and the entity	•		

The owner of the facility is the City of Miami Springs.



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14. Requestor Contact	Information					
a. First Name	WILLIAM Last Na			ALONSO		
b. Organization	CITY OF MIAMI SPRINGS					
c. E-mail Address	ALONSOW@MIAMISPRINGS-FL.GOV					
d. Phone Number	(305)805-5011		Ext.			
15. Recipient Contact Information						
a. Organization	CITY OF MIAMI SPRINGS					
b. Municipality and County Miami-Dade						
c. Organization Type						
□For Profit Entity	⊒For Profit Entity					
□Non Profit 501(c	□Non Profit 501(c)(3)					
□Non Profit 501(c	□Non Profit 501(c)(4)					
□Local Entity	□Local Entity					
□University or Co	□University or College					
☑Other (please specify) LOCAL GOVERNMENT						
d. First Name	WILLIAM		Last Name	ALONSO		
e. E-mail Address	ALONSOW@MIAMISPRINGS-FL.GOV					
f. Phone Number	(305)805-5011					
16. Lobbyist Contact Information						
a. Name	Jose K. Fuente	es				
b. Firm Name	Becker & Poliakoff PA					
c. E-mail Address	jfuentes@beckerlawyers.com					
d. Phone Number	(305)260-1018					