



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1026

1. Project Title Little Havana Activities & Nutrition Centers - Homemaking and Companion Services for the Elderly

2. Senate Sponsor Ana Maria Rodriguez

3. Date of Request 10/13/2021

4. Project/Program Description

The COVID-19 pandemic taught us a very valuable lesson as it relates to caring for the elderly. Of the clients served by Little Havana Activities & Nutrition Centers of Dade County, Inc, ("LHANC"), 64% live alone. Many are now refusing to return to the senior center, their only source of daily or frequent companionship and socialization. Although there are services in place for the elderly, those who live alone rarely have access to services related to companionship unless they are enrolled in a long term care program or have a caregiver. Those individuals who are not frail enough to qualify, are left without any services that offer them companionship despite being fearful of completely reintegrating themselves into society. As such, LHANC is requesting funding to offer 55 older adults, 2 hours of companionship/homemaker a day, 5 times per week, for 1 year. LHANC will further use this service to assist clients access to other services they may need, including long-term care services.

5. State Agency to receive requested funds Department of Elder Affairs

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	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 2022-2023	500,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21		250,000	400	Yes

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 500,000

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



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In the event LHANC cannot obtain funding for this service, it will not operate the service any longer.

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

No

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

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Salaries and benefits for the program administrator that oversees the day-to-day operations of the program.	35,000
Other Salary and Benefits	Salaries and benefits for the accounting staff assigned to the program.	15,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Expense of Certified Nurse Assistants that provide the direct service care to the clients to be served by this funding source. Direct care includes assistance with light household chores and companionship. The funds requested will provide 2 hours daily of companionship and homemaking, 5 times per week to 55 elderly persons for a total of 28,600 units of service for the year.	450,000
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)		500,000

12. Program Performance

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

Providing a one-on-one service to these isolated seniors ensures that otherwise isolated seniors will have some level of companionship that they would otherwise not have access to. This companionship is a key component in further allowing us to identify a client's mental and physical deterioration thereby allowing us to quickly refer them to other long-term care services. This service is intended to be short term and transitional.

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

An estimated 55 daily clients will receive 2 hours of homemaker/companion care per day, 5 times per week for a total of 28,600 units of service for the year.

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

Expense of Certified Nurse Assistants that provide the direct service care to the clients to be served by this funding source. The one hour of direct service is the unit of service. Direct care includes assistance with light household chores and companionship.

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



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This service will be offered to older adults, 60 years of age or older who live alone. Since this service is intended on being transitional, LHANC anticipates that it may assist an estimated 250 unduplicated clients per program year.

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

Outcome: 90% of clients will self-report being satisfied with the service as a form of companionship. This outcome is measured by comparing the initial assessment score to annual reassessment score utilizing the DOEA Uniform Assessment Tool 701.

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?

Not funding the service any further.

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.

Not applicable



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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