



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1266

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Elderly Hot Lunch Program - this program aims to provide for the provision of a daily nutritional balanced meal to elderly approved participants to be served at either a congregate site or home-delivered.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	1,650,000
Fixed Capital Outlay	0
Total State Funds Requested	1,650,000

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)	1,650,000	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	1,650,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	250,000	1,650,000	391	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.

The city currently does not have budgeted funds for this program. There is no source of funding identified in lieu of state funding at this time to meet the needs of the under served low in income elderly in our community.

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

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



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The City received CDBG CV1(1,666,196),CDBG CV3(1,866,906) ESG CV1(829,510)ESG CV2 (2,698,307)MDC-Pass(4,202,188) ERAP(7,045,831.60) and ARPA (66,834,253) Most funds received were restricted for certain uses. Most funds were used for business/residential rental assistance projects and public health programs. ARPA funds are being used/earmarked for high expense infrastructure programs directly related to the public's overall safety and 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	Salary and benefits of project head	50,579
Other Salary and Benefits	Salary and benefits of administrative personnel	31,200
Expense/Equipment/Travel/Supplies/Other	Travel used for training purposes	2,747
Consultants/Contracted Services/Study	Audit fees, management fees, and the City of Hialeah utility fees	1,529
Operational Costs: Other		
Salary and Benefits	Salaries and benefits of janitors and nutritional aides working directly in the lunch rooms	366,883
Expense/Equipment/Travel/Supplies/Other	Payment for repairs in the seven lunch room locations for the program	6,512
Consultants/Contracted Services/Study	Funds used to pay for the costs of insurance, meals and nutritionists.	1,190,550
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,650,000

12. Program Performance

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

The goal of the program is to provide a daily healthy meal to the elderly participants in our community in either the form of a visit to one of our congregate sites or through a delivery carrier for those who are unable to visit a site. A daily balanced provision of a meal coupled with nutritional education will establish a strong core value to living a healthier and longer life. The City of Hialeah has over 1,000 participants and continuing to serve our special population is of the utmost importance.

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

The City shall serve balanced nutritional meals at no cost to program participants served with the highest standards and coupled with classes to help them understand the goals of these meals and their importance. This would require staffing to maintain quality control, temperature integrity, safety, and cleanliness standards.

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

Through the provision of congregate and home delivered meals, this funding can enrich the quality of life of the elderly citizens of Hialeah by nurturing healthy eating habits. Funding will also contribute to education using both mass educational nutrition presentations and one-on-one nutrition counseling.

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

The target population of this project is to serve over 1,000 low income elderly/special population residents. This project will also yield over 9,000 nutritional educational documented classes and over 1,000 nutritional screenings filed with the program participant files.

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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Outcomes shall be measured using the actual deliverable assessment standard: number of meals served, actual nutritional courses completed and logged nutritional screenings. This project will have full accountability for all services provided to the participants.

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?

Failing to meet deliverables should result in the non-reimbursement of submitted monthly expenditures for this proposed project. This requirement would assure that all funds are being used for the approved and intended purpose.

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.

The City of Hialeah will directly work on this project with our local Public Housing Authority, Hialeah Housing Authority.



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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