



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1293

1. Project Title Nutrition for Elderly in Northeast Florida

2. Senate Sponsor Aaron Bean

3. Date of Request 11/13/2021

#### 4. Project/Program Description

In Northeast Florida, 1 in 7 seniors are faced with the realities of hunger – nearly doubling national estimates. That would be 83,300 of older adults age 60+ in NE FL (Feeding Northeast Florida). Food insecure seniors (age 60+) are 64% more likely to report a heart attack, 78% more likely to develop asthma, 262% more likely to experience depression, and 74% more likely to have Diabetes than food secure seniors. More than 3,300 older adults are on the waiting list for home delivered meals in our seven counties. Providing nutrition services such as meals, nutrition education, nutrition counseling and assistive eating devices will help in addressing these needs.

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

State Agency contacted? Yes

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

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

#### 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%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>500,000</b>	<b>100%</b>

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	400,000	391	No

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.

Other funding for similar services are already being utilized. Unmet needs remain which this funding would help address where the other funding is not available to.

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



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Yes

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

We received a total of \$7,680,553 in federal funds for a variety of purposes including meals, in home services, services to address social isolation such as telephone reassurance and mental health counseling, to purchase PPE, and to help with outreach, education and access to vaccines. Services were provided through our contracted providers throughout our 7 county region.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	This covers portion of salary and benefits for a fiscal specialist, contract manager and administrative support staff responsible for the management, oversight and compliance of the funds and services.	47,172
Expense/Equipment/Travel/Supplies/Other	This covers the IT equipment, supplies, rent and travel associated with the staff responsible for the contract management, oversight. and compliance.	2,828
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Contract with service providers to provide nutritional services to older adults that will address their nutrition risks, including meals, nutrition counseling and education, assistive eating devices.	450,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

#### 12. Program Performance

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

The purpose of these funds is to reduce older adult nutritional risk which if not addressed can leave the older adults hungry, exacerbate other health conditions and impact their overall health. The goal is to reduce their nutrition risk and keep them nourished and healthier longer.

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

The funds will provide for meals to those who need them but will also provide nutrition counseling and education to help the older adults better understand their own nutrition status and needs and how to address them. In many cases, the problem is not access to food, but the ability to feed themselves due to a variety of health conditions like stroke and paralysis, Parkinson's Disease and tremors, and arthritis and pain. To avoid humiliating situations such as having to have someone feed them, they may reduce their intake or limit the types of food they will eat. Funding will be able to provide these individuals with assistive eating devices so they can dine with dignity and thereby improved their own nutrition and health status.

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

Meals, nutrition education, nutrition counseling, assistive eating devices.

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



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500 older adults at nutritional risk within our 7 county region.

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

The expected benefit is the reduced nutritional risk of those served. Each client has a nutrition assessment. We will be able to measure their scores prior to receiving services and subsequent to receiving 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