



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1349

1. Project Title Jewish Community Services of South Florida - Nutritional Equity for Seniors Keeping Kosher

2. Senate Sponsor Ileana Garcia

3. Date of Request 11/22/2021

4. Project/Program Description

The specific purpose of the funds is to provide equitable, quality nutrition support to senior clients that may have religious dietary restrictions, such as keeping Kosher or Halal. Since Kosher food is more expensive to produce, requested funds will be applied to the differential cost of an enhanced Kosher menu with similar quality and variety to a non Kosher menu, the differential for more costly holiday meals, produce boxes, and snacks to supplement meals. Funding will ensure that clients who observe religious dietary laws are not provided lower-quality food due to religious dietary restrictions. The funds will allow JCS clients to maintain self-sufficiency and good health in their homes instead of turning to more costly institutional/residential care.

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	400,000
Fixed Capital Outlay	0
Total State Funds Requested	400,000

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)	400,000	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	400,000	100%

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. 400,000

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

N/A

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.

CARES Act - \$105,843.53 - supportive services and counseling to seniors.
 CARES Act - \$166,230.87 - nutrition services/meals to seniors.
 Families First COVID-19 C1 - \$85,327.10 - nutrition services/meals to seniors.
 Families First COVID-19 C2 - \$300,033.75 - nutrition services/meals to seniors.
 CCAA - \$231,393.82 - nutrition services/meals to seniors.
 ARP C1 - \$94,192.44 - nutrition services/meals to seniors.
 ARP C2 - \$257,746.12 - nutrition services/meals to seniors.

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	Kosher nutritional support including the cost differential of an enhanced Kosher menu with similar quality and variety to a non Kosher menu, the differential for more costly holiday meals, produce boxes, and snacks to supplement meals.	400,000
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)		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 food for sustenance and stability.

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

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

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

Food is being delivered to clients in their homes or to congregate dining facilities in order to support their nutritional well being.

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



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be measured?

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 annual assessments 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 nutritional support of equal quality to seniors that have religious dietary restrictions. Our agency is the ONLY Kosher food provider in Miami Dade providing home delivered meals to home-bound and medically frail seniors and congregate meals to more active seniors whose need for nutritional support has increased since the pandemic. Without nutritional support, 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.

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