

1. Project Title

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

Homestead Senior Citizen Programming

LFIR # 1446

2.	Senate Sponsor	Ana Maria Rodriguez					
3.	Date of Request	11/24/2021					
4.	Project/Program De	escription					
	The City is looking to connect the City's senior citizen population with daytime activities crafted specifically for them. According to the data available from the 2010 Census, 7.8% of Homestead residents are 65 or older. Of that number, more than 1,600 live alone. Those figures have likely grown since the population has increased over 15% since 2010. With more resources, we hope to soon roll out a structured engagement plan. At the focus: a food program that targets seniors living on a fixed income who often wonder where they'll get their next meal. In the future, Homestead is interested in adding news literacy classes taught by professionals that will help keep them up to date and alerting them of scams that they could potentially fall victim to. We are setting our sights on providing recreational activities, computer classes, and health and nutrition advice.						
5.	State Agency to red	ceive requested funds	Departme	ent of Elder Affairs			
	State Agency conta	acted? No					
	•						
6. /	Amount of the Nonr	recurring Request for Fisc	al Year 202	22-2023			
	Type of Funding			Amo	unt		
	Operations				175,000		
ı	Fixed Capital Outlay				0		
	<b>Total State Funds F</b>	Requested			175,000		
ſ	•	or Fiscal Year 2022-2023 (i	ncluding r			t)	
	Type of Funding			Amount	Percentage		
		equested (from question #6)		175,000	100%		
1	Matching Funds			0	00/		
	State (excluding the amount of this request)			0	0%		
				0	0% 0%		
	Local Other			0	0%		
		s for Fiscal Year 2022-2023		175,000	100%		
	-		•	No			
8.	Has this project pre						
	Fiscal Year (yyyy-yy)	Amount Recurring Nonre	ecurring	Specific Appropriation #	Vetoed		
9.	Is future funding lik	kely to be requested?		No			
	a. If yes, indicate n	onrecurring amount per ye	ear.				
b. Describe the source of funding that can be used in lieu of state funding.							
		<b>J</b> :					
10	. Has the entity req	uesting this project receive	ed any fed	leral assistance rela	ted 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.

The City was awarded CDBG-CV funds for \$1,012,565 for Housing & Utility Assistance, Meals to Covid-affected individuals, and Small Business Grants. Approx. \$2.1M as sub-recipient of Miami-Dade County to reimburse the City for Covid-related operating expenditures. \$183K through DOJ to cover Covid-related police OT. Approx. \$2.5M in PA funding from FEMA for reimbursement of Covid-related exp. and 2 vaccine claims. \$19,192,087 in ARPA funds which Council is to decide fund use at a later date.

### 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		0			
Operational Costs: Other					
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other	A food program, adding news literacy classes taught by professionals, providing recreational activities, computer classes, and health and nutrition advice.	175,000			
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)					

### 12. Program Performance

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

To connect the City's senior citizen population with daytime activities crafted specifically for them.

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

A food program, adding news literacy classes taught by professionals, providing recreational activities, computer classes, and health and nutrition advice.

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

A food program, adding news literacy classes taught by professionals, providing recreational activities, computer classes, and health and nutrition advice.

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

Senior Citizens throughout the City of Homestead. It varies, depending on participation.

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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To help keep them up to date and alerting them of scams that they could potentially fall victim to, combat boredom and isolation often experienced by older Americans, help them get their next meal, improve quality of life, and give seniors more access to programs in their community. Providing recreational activities, computer classes, and health and nutrition advice.

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?

N/A		
There are no penalties expected.	The penalties for non-deliverables or p	performance would be the withholding of fun

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.

11/1		
∣ N/A		



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14.	14. Requestor Contact Information							
	a. First Name	Pamela		Last Name	Springle			
	b. Organization	City of Homestead						
	c. E-mail Address	PSpringle@cityofhomestead.com						
	d. Phone Number	(305)224	(305)224-4483 <b>Ext</b> .					
15.	Recipient Contact	Information	on					
	a. Organization	City of Ho	omestead					
	b. Municipality and County Miami-Dade							
	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	Pamela		Last Name	Springle			
	e. E-mail Address	PSpringle@cityofhomestead.com						
	f. Phone Number							
16.	16. Lobbyist Contact Information							
	a. Name	Jose K. Fuentes						
	b. Firm Name	Becker & Poliakoff PA						
	c. E-mail Address	jfuentes@beckerlawyers.com						
	d. Phone Number	(305)260-1018						