



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1657

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

In keeping with the nation's desire to enhance the quality of life for our senior residents, the Senior Program will support high quality, low-cost activities and nutrition for seniors. The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise and nutrition. This program will minimize service gaps for our senior population who may suffer from depression, anxiety, loneliness and other ailments that plague our elderly residents.

5. State Agency to receive requested funds

State Agency contacted? No

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

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 250,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 250,000 |

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) | 250,000 | 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 | 250,000 | 100% |

8. Has this project previously received state funding? Yes

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2021-22 | 0 | 100,000 | 391 | No |

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

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

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

Yes



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

\$3.7m in CARES Funds: Reimbursed for COVID-19 related expenses to mitigate and prevent further spread, such as, Personal Protective Equipment and virtual working/service.
 ARPA Funds: COVID-19 Mitigation & Prevention; Behavioral Health Care; Impacts on Households & Individuals; Assistance to Unemployment Workers; Revenue Loss; Assistance to Small Businesses & Non-profits; and Investment in Infrastructure.

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 | This portion of the budget will cover salary and benefits for staff members administering the Senior Citizen Program at the center. These costs will include Program Administrator, Recreational Program Aide and Transportation Driver. | 144,000 |
| Expense/Equipment/Travel/Supplies/Other | These program expenses and equipment include utilities, repairs, cleanup, supplies, materials, equipment and travel costs. | 100,000 |
| Consultants/Contracted Services/Study | The contractual services will include presenters, program instructors, and case management services. | 6,000 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 250,000 |

12. Program Performance

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

The goal is to minimize service gaps for our senior population who may suffer from depression, anxiety, loneliness and other ailments that plague our elderly residents.

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

The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise and nutrition. This program will minimize service gaps for our senior population who may suffer from depression, anxiety, loneliness and other ailments that plague our elderly residents.

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

Senior Program participants will have access to this safe and caring environment. The program will provide weekly activities through shuttle bus transportation, credentialed and courteous staff services, social interaction, recreational outings, health fairs, exercise and nutrition.

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

Senior residents ages 60 years and older are the target population for this program. With the funding request, we expect to serve approximately 100 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?

100% of program participants will be safe while attending the program and 90 % of program participants will engage in physical activity. The individual participant observation will be noted by staff.

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?

The contract will have standard compliance language for timely deliverables and performance measures.

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 West Park, a local government, will be the owner and operator of the Senior Program.



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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