

LFIR # 1795

| 1. Project Title | City of Hialeah Garde | City of Hialeah Gardens - Elder Meals Program | | | | | | | | |
|--------------------------|---------------------------|---|--------------------------|-------------------|--------------|--|--|--|--|--|
| 2. Senate Sponsor | Manny Diaz | | | | | | | | | |
| 3. Date of Request | 12/16/2021 | | | | | | | | | |
| 4. Project/Program De | escription | | | | | | | | | |
| Program provides b | reakfast and lunch to the | elderly popu | lation of Hialeah Gard | ens. | | | | | | |
| 5. State Agency to red | ceive requested funds | Departm | ent of Elder Affairs | | | | | | | |
| State Agency conta | ncted? No | | | | | | | | | |
| 6. Amount of the Noni | recurring Request for F | iscal Year 20 | 22-2023 | | | | | | | |
| Type of Funding | | | Amo | unt | | | | | | |
| Operations | | | | 292,000 | | | | | | |
| Fixed Capital Outlay | | | | 0 | | | | | | |
| Total State Funds I | Requested | | | 292,000 | | | | | | |
| - | or Fiscal Year 2022-202 | 23 (including | matching funds ava | | ect) | | | | | |
| Type of Funding | | | Amount | Percentage | | | | | | |
| | equested (from question | #6) | 292,000 | 100% | | | | | | |
| Matching Funds Federal | | | 0 | 0% | | | | | | |
| | amount of this request) | | 0 | | | | | | | |
| Local | amount of this requesty | | 0 | | | | | | | |
| Other | | | 0 | | | | | | | |
| Total Project Costs | for Fiscal Year 2022-2 | 023 | 292,000 | 100% | | | | | | |
| 3. Has this project pre | eviously received state | funding? | Yes | | | | | | | |
| Fiscal Year (уууу-уу) | Amount Recurring No | onrecurring | Specific Appropriation # | Vetoed | | | | | | |
| 2020-21 | 0 | 292,000 | | No | | | | | | |
| | kely to be requested? | 292,000 | Yes | NO | I | | | | | |
| • | | | 202.000 | | | | | | | |
| - | onrecurring amount pe | - | | | | | | | | |
| b. Describe the sou | urce of funding that car | n be used in l | ieu of state funding. | | 1 | | | | | |
| The City does not h | nave the funds to maintai | n this progran | n at full capacity witho | ut state funding. | | | | | | |
| 10. Has the entity req | uesting this project rec | eived any fe | deral assistance rela | ted to the COVID- | 19 pandemic? | | | | | |



LFIR # 1795

The ARAP funds have been used so far for the following:

Other Costs:

Financial Assistance Program for Residents and Businesses - \$376,786.54 (September 2021)

Labor Costs:

Police:-Distribution of food - \$81,340.80

Total costs: \$458,127.34

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 | Hot meals for seniors | 292,000 | | | | |
| Consultants/Contracted Services/Study | | 0 | | | | |
| Fixed Capital Construction/Majo | r Renovation: | | | | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | | | | |
| Total State Funds Requested (must equal total from question #6) 292,000 | | | | | | |

12. Program Performance

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

Funds will be spent to provide nutritious meals to the elderly population of Hialeah Gardens.

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

The program will feed elderly residents who attend the Hialeah Gardens Senior Center and homebound residents who are unable to leave their homes.

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

Hot meals

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

Residents of Hialeah Gardens age 60 and over.

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

Elderly residents are given an opportunity to have two full healthy meals a day and are also able to interact and socialize with other seniors.

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?



LFIR # 1795

| The cit | y is o | pened to | any | pro | posed | penalties | for | failing | to | deliver | or | perform. | |
|---------|--------|----------|-----|-----|-------|-----------|-----|---------|----|---------|----|----------|--|
|---------|--------|----------|-----|-----|-------|-----------|-----|---------|----|---------|----|----------|--|

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 Hialeah Gardens Senior Center is owned by the City.



LFIR # 1795

| 14. | Requestor Contact | Information | | | | | | | | |
|-----|----------------------------------|------------------------------------|-----------|------------|--|--|--|--|--|--|
| | a. First Name | Yioset | Last Name | De La Cruz | | | | | | |
| | b. Organization | City of Hialeah Gardens | | | | | | | | |
| | c. E-mail Address | ydelacruz@cityofhialeahgardens.com | | | | | | | | |
| | d. Phone Number | (305)558-4114 | Ext. | | | | | | | |
| 15. | Recipient Contact | Information | | | | | | | | |
| | a. Organization | City of Hialeah Gardens | | | | | | | | |
| | b. Municipality and | l County Miami-Dade | | | | | | | | |
| | c. Organization Ty | pe | | | | | | | | |
| | □For Profit Entity | | | | | | | | | |
| | □Non Profit 501(c | INon Profit 501(c)(3) | | | | | | | | |
| | □Non Profit 501(c | 01(c)(4) | | | | | | | | |
| | ☑Local Entity | | | | | | | | | |
| | □University or Co | ☐University or College | | | | | | | | |
| | □Other (please specify) | | | | | | | | | |
| | d. First Name | Yioset | Last Name | De La Cruz | | | | | | |
| | e. E-mail Address | ydelacruz@cityofhialeahgardens.com | | | | | | | | |
| | f. Phone Number | | | | | | | | | |
| 16. | 16. Lobbyist Contact Information | | | | | | | | | |
| | a. Name | Eduardo S Gonzalez | | | | | | | | |
| | b. Firm Name | Sun City Strategies, LLC | | | | | | | | |
| | c. E-mail Address | egonzalez102@yahoo.com | | | | | | | | |
| | d. Phone Number | (786)351-5849 | | | | | | | | |