



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2270

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Meals on Wheels (MOW) helps to keep isolated and vulnerable seniors healthy. Adding a Meals on Wheels site here improves service for all MOW clients. As a quality improvement measure, we're always working on our delivery efficiency. This ensures that clients get the freshest meal possible, and volunteers do not have to drive too far, affording them more time with clients.

At our Adult Day Care, staff members combine their expertise in geriatrics with the caring and compassion to assist clients throughout the day. The team monitors the health status of the participants; designs daily activities to enhance cognitive and physical functioning; offers opportunities for socialization; and implements daily activities, and providing personal care to the participants. Our program offers clients' spouses some needed respite from the challenges of caring for a loved one who needs constant supervision. Family caregivers can confidently leave their loved one in a safe and engaging environment.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	260,000
Fixed Capital Outlay	1,740,000
Total State Funds Requested	2,000,000

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)	2,000,000	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	2,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22		200,000	397A	No

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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



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Neighborhood will operate with Federal Older Americans Act funding and County and Municipality support.

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

Yes

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

PPP funds of \$770,000 in 2020 for continuation of home delivered meals, transportation and adult day care operations never totally ceased during 2020.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	N/A	0
Other Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	Travel and document preparation/submission.	5,000
Consultants/Contracted Services/Study	Work with City and County Development/zoning	50,000
Operational Costs: Other		
Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	Travel and document preparation/submission	5,000
Consultants/Contracted Services/Study	Rezoning, Engineering, Design	200,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	All renovation and/or construction depending on site chosen/ design build	1,740,000
Total State Funds Requested (must equal total from question #6)		2,000,000

12. Program Performance

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

Design and construct/renovate a AHCA approved Day Care Center and Meals on Wheels distribution center to be based in Clearwater, FL, Pinellas County. This will be a meals on wheels distribution site for the entire county, 2,000+ meals per day and 36 capacity licensed Adult Day Care Center.

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

AHCA approved Adult Day Care Center serving up to 36 seniors with dementia and a Meals on Wheels Distribution Center for entire Pinellas County.

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

AHCA approved Adult Day Care Center Meals on Wheels Distribution Center.

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

Isolated seniors, home bound with food Insecurities

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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Aside from Neighborly's own performance standards, funders and licensing agencies perform annual inspections. Clients are re-assessed annually to measure any changes of condition, nutritional needs, and safety issues. Neighborly sends annual surveys to Nutrition clients and the Adult Day Care clients' caregivers to measure their satisfaction. Both programs continually report high client satisfaction. These inspections and surveys demonstrate Neighborly's success in helping seniors maintain their health and independence, avoiding premature institutionalization.

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?

In the event we are unable to renovate/build this senior citizen care facility in Pinellas County, the funds will be returned to the state.
If renovation/construction is not completed by Sept. 2023, we would request the funds be pro-rated for the portion complete and remaining funds carry to following year.

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.

Not For Profit 5013C will own/operate facility.



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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