

1. Project Title

State Agency contacted?

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

Town of Cutler Bay Active Adults Services Program

LFIR # 1800

| • | | | |
|--|--|---|---|
| 2. Senate Sponsor | Alexis Calatayud | | |
| 3. Date of Request | 12/04/2023 | | |
| 4. Project/Program De | scription | | |
| recommendations may project is to assist the connected with the loolder adults by increasingularly scheduled a Town is enhancing the | adé in the Town's adopted (e Town's senior citizens in a cal community. Funding fro asing access to recreation a activities (crafting, photogra ne program by establishing preventing fraud and abuse | ort the Cutler Bay Active Adults Services Program. This p Communities for a Lifetime Age-Friendly Action Plan. The aging in place while enjoying an active lifestyle that will ke om the State will be used to reduce social isolation and lo and socialization services. Activities include community of aphy, fitness, games) at the Town's Franjo Park Communi- new community partnerships to conduct workshops on to e, closing the digital divide, and special interests based of | e goal of this eep them neliness among utings and ity Center. The upics such as |
| 5. State Agency to rec | eive requested funds | Department of Elder Affairs | |

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Yes

| Type of Funding | Amount |
|-----------------------------|--------|
| Operations | 60,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 60,000 |

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

| Type of Funding | Amount | Percentage | |
|--|---------|------------|--|
| Total State Funds Requested (from question #6) | 60,000 | 38% | |
| Matching Funds | | | |
| Federal | 0 | 0% | |
| State (excluding the amount of this request) | 0 | 0% | |
| Local | 100,000 | 62% | |
| Other | 0 | 0% | |
| Total Project Costs for Fiscal Year 2024-2025 | 160,000 | 100% | |

8. Has this project previously received state funding?

Yes

| Fiscal Year | Amount | | Specific | Vetoed | |
|-----------------------------|--------|--------------|-----------------|--------|--|
| (уууу-уу) Recurring Nonrecu | | Nonrecurring | Appropriation # | | |
| 2022-23 | 0 | 60,000 | 404 | No | |

9. Is future funding likely to be requested?

Yes

a. If yes, indicate nonrecurring amount per year.

60,000

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

The Town of Cutler Bay supplements Active Adult Activities from its Parks and Recreation Budget.



Yes

14. Program Performance

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

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

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| | forcement and equipment, \$850,000 - Miami Dade CARES for blies, and resident financial support, \$21.89 million - ARPA for s and general services. | |
|---|---|--------|
| Complete questions 11 a | nd 12 for Fixed Capital Outlay Projects | |
| 11. Status of Construction | | |
| a. What is the current phase of t | he project? | |
| Planning Design | Construction N/A | |
| b. Is the project "shovel ready" | (i.e permitted)? | |
| c. What is the estimated start da | ate of construction? | |
| d. What is the estimated comple | etion date of construction? | |
| Not Applicable 13. Details on how the requested st | tate 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 | Program Coordinator | 20,000 |
| Expense/Equipment/Travel/Supplies/ Other | Program Supplies | 10,000 |
| Consultants/Contracted Services/Study | Contracted Vendors to conduct recreational activities and workshops | 30,000 |
| Fixed Capital Construction/Majo | - Barrandian | |
| Construction/Renovation/Land/ | or Renovation: | |
| Planning Engineering | r Renovation: | 0 |

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



15.

16.

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The goal of this project is to assist the Town's senior citizens in aging in place while enjoying an active lifestyle that will keep them connected with the local community.

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

The project has two components: (1) Hosting at least one community outing per month, and (2) providing weekly community based recreation and educational presentations at the Town's Franjo Park Community Center. Center-based recreation may include crafting, exercise, swimming classes (at Cutler Ridge Park and Pool), computer skills/smartphone training, socialization, and educational presentations.

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

The Town's park and recreation staff will provide direct services in the form of coordinating and chaperoning community outings, and facilitating group activities offered at the Franjo Park Community Center and other park facilities. Samples activities include; arts and crafts, group exercise, technology demonstrations (i.e. how to use your smartphone, computer skills, photography), language classes (English/Spanish), and dance. The Town's annual Senior Games Competition recognized by the Florida Sports Foundation gives athletes the chance to qualify to compete against older adults from around Florida in the State Senior Games competition.

| d. Who is the target population served b | y this project? How man | y individuals are ex | pected to be served? |
|--|-------------------------|----------------------|----------------------|
|--|-------------------------|----------------------|----------------------|

The Town will target 100 older adults age 60+.

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

The proposed project will improve mental health outcomes and overall sense of wellbeing for older adults by creating opportunities to socialize with peers, increasing physical activity through community outings and exercise classes, and maintaining mental stimulation with games and educational activities (computer classes, photography, dominoes, etc). Outcomes will be measured by the number of people served and the completion of participant surveys or the collection of participant testimonies.

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 Town will not be reimbursed for project activities that do not meet the deliverables or performance measures.

| Requester Contact Information | | | | | | | |
|---------------------------------------|-------------------------------|--------------------|-----------|--------|--|--|--|
| a. First Name | Rafael | | Last Name | Casals | | | |
| b. Organization | Town of 0 | Cutler Bay | | | | | |
| c. E-mail Address | rcasals@ | cutlerbay-fl.gov | | | | | |
| d. Phone Number | (305)234 | -4262 | Ext. | | | | |
| Recipient Contact | Recipient Contact Information | | | | | | |
| a. Organization | Town of 0 | Town of Cutler Bay | | | | | |
| b. Municipality and County Miami-Dade | | | | | | | |
| c. Organization Tyլ | ре | | | | | | |
| □For Profit Entity | | | | | | | |
| □Non Profit 501(c)(3) | | | | | | | |
| □Non Profit 501(c | (4) | | | | | | |



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I Year 2024-2025

| ☑Local Entity | | | | |
|------------------------|--|-----------|----------|--|
| □University or Co | llege | | | |
| □Other (please sp | pecify) | | | |
| d. First Name | Etienne | Last Name | Bejarano | |
| e. E-mail Address | ebejarano@cutlerbay-fl.go | ΟV | | |
| f. Phone Number | (305)234-4262 | | | |
| 17. Lobbyist Contact I | nformation | | | |
| a. Name | Jonathan P. Kilman | | | |
| b. Firm Name | Converge Government Affairs of Florida, Inc. | | | |
| c. E-mail Address | jonathan@convergegov.c | om | | |
| d. Phone Number | (305)423-4131 | | | |