

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

LFIR # 2273

b. Describe the so						
	urce of funding that can be us		eu of state funding.			
•	kely to be requested? conrecurring amount per year		No			
(уууу-уу)	Recurring Nonrecu	rring	, ippi opriudon #			
Fiscal Year	Amount		Specific Appropriation #	Vetoed		
8. Has this project pr	eviously received state fundir	ng?	No			
Total Project Costs	s for Fiscal Year 2024-2025		990,000	100%		
Other			0	0%		
Local			0	0%		
	amount of this request)		0	0%		
Federal			0	0%		
Matching Funds	equested (from question #6)		990,000	100%		
Type of Funding	aguacted (from guarties #C)		Amount	Percentage		
7. Total Project Cost	or Fiscal Year 2024-2025 (inc	luding r	matching funds avail	able for this proje	ct)	
Total State Funds	Requested		990,000			
Fixed Capital Outlay	1			990,000		
Operations				0		
Type of Funding			Amou	ınt		
State Agency conta	recurring Request for Fiscal \	Year 202	24-2025			
5. State Agency to re	ceive requested funds	epartme	ent of Elder Affairs			
service demand, the service capacity by	I services into additional counties current ECS kitchen facility must 50% to provide meals for a vuln o extreme weather and ensure	ust be ex erable p	kpanded. A building accopulation. The ECS fa	ddition of 1000 sq. facility was built in 1	ft. will increase the 989 and updates will	
4. Project/Program D	•					
3. Date of Request	12/08/2023					
z. Senate Sponsor	Corey Simon					
2. Senate Sponsor	0 0:					



11. Status of Construction

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

\$464,000 was received through the PPP program.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the current phase of the project?					
Planning	Design	Construction	O N/A		
b. Is the project "shovel ready" (i.e permitted)?				No	
c. What is the estimated start date of construction?				November 2024	
d. What is the estimated completion date of construction?				June 2025	

12. List 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.

Elder Care Services, Inc. Non Profit 501 (c) 3) owns the building and land for the project.

13. 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		0			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering	Funds will be used to build additional kitchen and storage space to increase the number of elderly persons receiving nutrition services and our disaster preparedness operations.	990,000			
Total State Funds Requested (must equal total from question #6)					

14. Program Performance

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

Project funding will expand the kitchen facility by 1000 sq. ft. and include kitchen equipment and preparation materials to increase meal production by 50%. Project costs include a generator to ensure meal production and freezer storage remain operational during crisis events. Expanded storage space is vital to stocking food supplies more than one week ahead in case supply chains are disrupted.

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



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Meals on Wheels delivers prepared meals directly to the home of vulnerable seniors. This daily service serves their nutritional needs while also supporting their mental health with the social connection of a friendly face. Twenty-four percent of elderly persons 65+ are considered to be socially isolated and social isolation significantly increases risk of depression, anxiety, dementia. This project will increase our service capability and disaster preparedness. Following a crisis situation, all elderly clients will receive nutritional support at first mealtime following road clearance approval. Inperson safety checks will be provided at this first meal opportunity. All clients not on current meal route will be contacted by phone to ensure safety.

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

Additional space will increase agency direct services capabilities for in-home care, including prepared meals and personal delivery to homebound and socially isolated elderly persons. Additionally, resiliency items will ensure elderly clients receive safety checks immediately and nutrition is still received. Pre-prepped frozen meals are available for use at the special needs shelter.

d. Who is the target p	opulation served by	this project? How many	y individuals are exp	ected to be served?
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This project will support over 800 elderly person.

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

Food insecure elderly will receive prepared meals to enable 90% of clients to remain in their home, preventing premature nursing home placement and increased hospital care. This measurement will be tracked through internal database and regular assessments from case managers.

At least 1000 seniors annually will receive in-person social supports to reduce isolation, in addition to the prepared meal. This measurement will be tracked through database noting number of home visits and calls and annual surveys. At least 100 frozen meals will be available for shelters. This will be measured through meal logs.

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?

Architectural plans are in place for construction. Failure to meet measures will be examined and justified as necessary. Processes will be re-evaluated, and if requested, an improvement plan may be developed to address any deficiencies.

15. Requester Conta	act Informat	ion					
a. First Name	Jocelyne		Last Name	Fliger			
b. Organization	Elder Ca	Elder Care Services, Inc.					
c. E-mail Addres	ss fligerj@e	fligerj@ecsbigbend.org					
d. Phone Numbe	er (850)245	(850)245-5930 Ext.					
16. Recipient Contact Information							
a. Organization	Elder Ca	Elder Care Services, Inc.					
b. Municipality and County Leon							
c. Organization	Туре						
□For Profit Ent	ity						
☑Non Profit 501(c)(3)							
□Non Profit 501(c)(4)							
□Local Entity							



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□University or College						
□Other (please sp	pecify)					
d. First Name	Jocelyne	Last Name	Fliger			
e. E-mail Address	fligerj@ecsbigbend.org					
f. Phone Number	(850)245-5930					
17. Lobbyist Contact Information						
a. Name	None					
b. Firm Name						
c. E-mail Address						
d. Phone Number						