



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2366

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Neighborhood Care Network is a senior service non-profit serving Pinellas County for over 50 years. We have three services for seniors: Adult Day Care, Transportation, and Nutrition. We are best known as Meals on Wheels Pinellas County. Neighborhood requests state funding for nutritious meals to at-risk seniors in our community. Neighborhood serves over 2000 seniors yearly, but over 1300 people wait for meals, and nearly 100 people wait for Adult Day Care. The nutrition program ensures that seniors who cannot prepare meals for themselves due to physical, financial, or social limitations receive the proper nutrition they need to maintain their health and independence. With your support, we can ensure that 500 seniors on the Meals on Wheels waitlist receive nutritious meals, social connections, and other resources to help them thrive independently.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	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 2025-2026	1,000,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	1,000,000		No

9. Is future-year 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.

We will have limited ability to continue the meals under funding from the Older Americans Act, Pinellas County, or municipalities.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction ☐ N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

NA

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	NA	0
Other Salary and Benefits	NA	0
Expense/Equipment/Travel/Supplies/Other	NA	0
Consultants/Contracted Services/Study	NA	0
Operational Costs		
Salary and Benefits	All Nutrition Personnel at 25%, Director, 2 Managers, MOW Coordinators, Assessment Workers, Intake Worker, Site Coordinators, Delivery Coordinator, Drivers, Food Aides, plus fringe benefits. We expect to be reimbursed using Unit Based Cost Methodology at a fixed rate per meal that incorporates all costs associated with producing and delivering the meals.	362,343
Expense/Equipment/Travel/Supplies/Other	Mileage, rent, Postage, Telephone, Utilities, Printing, Program Supplies, Insurance, Vehicle Maintenance, Software, Fuel/Vehicle Operations, Depreciation, uniforms, training, education. We expect to be reimbursed using Unit Based Cost Methodology at a fixed rate per meal that incorporates all costs associated with producing and delivering the meals.	119,299
Consultants/Contracted Services/Study	Raw Food Costs. We expect to be reimbursed using Unit Based Cost Methodology at a fixed rate per meal that incorporates all costs associated with producing and delivering the meals.	518,358
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,000,000



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13. Program Performance

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

Help prevent malnutrition and isolation among seniors in Pinellas County by supporting Meals on Wheels. With one in two seniors at risk of malnutrition, providing meals and connection to at least 500 seniors on the waiting list is crucial. Your support can make a difference and ensure seniors can thrive, and live independently at home, avoiding costly institutional care. Help prevent the waiting list from growing each month.

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

We provide regular meal delivery and wellness checks by trained volunteers or staff to support seniors to live independently and improve their quality of life. Our service is a lifeline, and drivers have even prevented suicide. Drivers may call family if they notice a change in the client, make an elder abuse report if they are concerned for their safety, or call 911 if their life is in danger.

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

In-person meal delivery and social connection with a caring volunteer or Neighborly employee. All meals are planned by a registered dietitian to ensure they are balanced and meet the needs of older adults. Recipients may choose between hot or frozen meals and all recipients will receive hurricane meals. They also have access to nutrition counseling with a dietitian and monthly nutrition education.

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

We will serve older adults age 60 and over. We expect to serve at least 500 people. Targeted populations include clients who are low-income, minority, live alone, veterans, and at-risk for institutional care. Pinellas County is reported to be 35% age 60+, 13% minority, 30% living alone, and 14% low-income.

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

Food security and reduced isolation and malnutrition for seniors. We track this through evidence-based assessments and client survey data. Meal data and client welfare notes are tracked daily. Preliminary findings in an ongoing study on Pinellas County meals on wheels recipients suggest that in-person meal delivery improves health outcomes, reduces loneliness, and decreases food insecurity. Community-based Meals on Wheels programs are evidence-based, cost-effective solutions to reducing healthcare costs. institutional care, healthcare utilization, improving nutrition status, and safety.

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 in the contract?

Neighborly will return unused funding at the end of the contract year.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied



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- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

18. 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



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☐ Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.