

LFIR # 1044

| 1. | . Project Title | West Miami Senior Activ | vity Center | | |
|----|--|--|---|---|---|
| 2. | . Senate Sponsor | Ileana Garcia | | | |
| 3. | . Date of Request | 11/3/2025 | | | |
| 4. | . Project/Program Des | scription | | | |
| | with nutritious congre impacting service qua transportation, nutrition | gate and home-delivered in Ality and reach. Beyond me on education, and staffing | meals. Risir eals, the pro support. Thi | or Hot Meals Program, serving Miam og costs and growing demand strain of gram provides recreational activities s cost-effective investment aligns wit ace quality of life for vulnerable senion | current resources, , participant screening, th Florida's goals to |
| 5. | . State Agency to rece | eive requested funds | Departme | ent of Elder Affairs | |
| | State Agency contact | ted? No | | | |
| 6. | Amount of the Nonre | ecurring Request for Fisc | cal Year 20 | 26-2027 | |
| | Type of Funding | | | Amount | |
| | Operating | | | 200,0 | 000 |
| | Fixed Capital Outlay | | | | 0 |

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|---------|------------|
| Total State Funds Requested (from question #6) | 200,000 | 42% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 69,701 | 15% |
| Local | 200,000 | 43% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2026-2027 | 469,701 | 100% |

8. Has this project previously received state funding? If yes, provide the most recent instance:

Total State Funds Requested

| Fiscal Year | Amo | ount | Specific | Vetoed |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | |
| 2025-26 | 69,701 | 0 | 386 | No |

| _ | | | | | |
|----|----------------|---------|-----------|------|------------|
| 9. | Is future-year | tundina | likely to |) be | requested? |

Yes

Yes

a. If yes, indicate nonrecurring amount per year.

300,000

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

The City of West Miami will seek increased funding assistance from the Older Americans Act (OAA) through the Alliance for Aging.



10. Status of Construction

The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

LFIR # 1044

Complete questions 10 and 11 for Fixed Capital Outlay Projects

| a. What is the current phase of the project? | | | | | | | | |
|--|---|--------------|-------|--|--|--|--|--|
| Planning | O Design | Construction | O N/A | | | | | |
| b. Is the project ' | 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.

The Senior Activity Center is owned, operated and maintained by the City of West Miami. The funds will be used to benefit the growth of the Senior Activity and Multi-Generational Center for West Miami residents and Miami-Dade County as a whole.

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

| Spending Category | Description | Amount |
|---|--|---------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | Not Applicable | 0 |
| Other Salary and Benefits | Not Applicable | 0 |
| Expense/Equipment/Travel/Supplies/ Other | Not Applicable | 0 |
| Consultants/Contracted Services/Study | Not Applicable | 0 |
| Operational Costs | | |
| Salary and Benefits | Funds will directly help pay the salary of staff, such as the Center Coordinators who develop relationships and have direct communications with the seniors while coordinating programming and activities. They work with local health and service providers to develop programming and activities. | 30,000 |
| Expense/Equipment/Travel/Supplies/ Other | These funds will be used for the bus used to transport congregate seniors to and from the Senior Community Center. It will help fund delivery of meals to home-bound seniors during emergencies. And escort seniors to recreational outings such as a night at a baseball game or a local health expo. | 30,000 |
| Consultants/Contracted Services/Study | These funds will directly purchase hot meals from a contracted third- party. The meals purchased will be distributed to both congregate and home-bound seniors 7-days a week including Holidays, and times of emergency accommodations are also made to provide meals. | 140,000 |
| Fixed Capital Construction/Major | or Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | | 0 |



LFIR # 1044

| Total State Funds Requested (must equal total from question #6) | 200,000 | |
|--|--|--|
| 13. Program Performance | formance iffic purpose or goal will be achieved by the funds requested? ill expand and sustain West Miami's Senior Hot Meals Program, ensuring registered seniors receive daily als, transportation, and wellness services. The goal is to eliminate wait lists, improve service quality, and als, transportation, and wellness services. The goal is to eliminate wait lists, improve service quality, and also provided to meet the intended purpose of these funds? upport daily hot meal delivery (including holidays), transportation to the Senior Center and recreational tion education, wellness screenings, and staffing costs for program coordination and oversight. It services will be provided to citizens by the appropriation project? It is include home-delivered and congregate meals, transportation for seniors to activities and health ational programming, nutrition education, and personalized wellness assessments - all coordinated thy's Senior Center staff with community partners. It arget population served by this project? How many individuals are expected to be served? In aged persons in Miami-Dade County near and around the City of West Miami. It is expected benefit or outcome of this project? What is the methodology by which this outcome will be tracking meals served, participation rates, satisfaction surveys, and reductions in wait lists for services. It is tracking meals served, participation rates, satisfaction surveys, and reductions in wait lists for services meet deliverables or performance measures provided for in the contract? It related to mitigation, response, or recovery from a natural disaster? In (reducing or eliminating potential loss of life or property) It related to mitigation, response, or recovery from a natural disaster? In (reducing or eliminating potential loss of life or property) It related to mitigation, response, or recovery from a natural disaster? In (reducing or eliminating potential loss of life or property) It related to mitigation, response, or recovery from a natural disaster | |
| a. What specific purpose or goal will be achieved by the funds requested? | | |
| | | |
| b. What activities and services will be provided to meet the intended purpose of these funds | ? | |
| Funds will support daily hot meal delivery (including holidays), transportation to the Senior Center a outings, nutrition education, wellness screenings, and staffing costs for program coordination and o | and recreational oversight. | |
| c. What direct services will be provided to citizens by the appropriation project? | | |
| Direct services include home-delivered and congregate meals, transportation for seniors to activitie events, recreational programming, nutrition education, and personalized wellness assessments - al through the city's Senior Center staff with community partners. | | |
| d. Who is the target population served by this project? How many individuals are expected to | o be served? | |
| Senior citizen aged persons in Miami-Dade County near and around the City of West Miami. | | |
| e. What is the expected benefit or outcome of this project? What is the methodology by which | h this outcome will | |
| be measured? | | |
| The project will improve senior health, reduce isolation, and increase access to essential services. measured by tracking meals served, participation rates, satisfaction surveys, and reductions in wait | Outcomes will be lists for services. | |
| f. What are the suggested penalties that the contracting agency may consider in addition to i | its standard penalties | |
| for failing to meet deliverables or performance measures provided for in the contract? | | |
| A reasonable penalty is the withholding of funds if we fail to meet deliverables or performance mea | asures are not met. | |
| 14. Is this project related to mitigation, response, or recovery from a natural disaster? No | | |
| 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 info | astructure) | |
| b. Name of the natural disaster (or Executive Order # for events not under a federal declaration | n): | |
| | | |
| 15. Has the entity applied for or received federal assistance for this project? | | |
| ☐ Yes, Applied | | |
| ☐ Yes, Received | | |
| □ No | | |
| □ No, but intends to apply | | |

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



LFIR # 1044

| b. Provide the total | l project cost listed on th | ne FEMA proj | ect worksheet: | | |
|-------------------------------------|-----------------------------|---------------|-----------------------------|-------------------|--|
| . Has the entity app | olied for or received state | e assistance | for this project (other tha | n this request)? | |
| ☐ Yes, Applied | | | | | |
| ☐ Yes, Received | | | | | |
| □ No | | | | | |
| ☐ No, but intends t | o apply | | | | |
| a. If yes, specify th Commerce): | e program and state age | ency (ex. Loc | al Government Emergend | cy Bridge Loan, I | |
| Requester Contac | t Information | | | ٦ | |
| a. First Name | Edward | Last Name | Silva |] | |
| b. Organization | City of West Miami | | |]] | |
| | esilva@cityofwestmiami.gov | |] | | |
| d. Phone Number | (305)266-1122 | Ext. | 217 | | |
| Recipient Contact | Information | | | | |
| a. Organization | City of West Miami | | | | |
| b. Municipality and | d County Miami-Dade | | | | |
| c. Organization Ty | pe | | | | |
| □For Profit Entity | | | | | |
| □Non Profit 501(d | c)(3) | | | | |
| □Non Profit 501(d | c)(4) | | | | |
| □Local Entity | | | | | |
| □University or Co | ollege | | | | |
| ☑Other (please s | pecify) Municipality | | | | |
| d. First Name | Djenepha 'Jenny' | Last Name | Polynice-Hall | | |
| e. E-mail Address | dhall@cityofwestmiami.g | gov | | | |
| f. Phone Number | (786)991-9068 | Ext. | |] | |



LFIR # 1044

| a. Name | Gerard O'Rourke |
|-------------------|--|
| b. Firm Name | Converge Government Affairs of Florida, Inc. |
| c. E-mail Address | gerard@convergegov.com |
| d. Phone Number | (561)346-9859 |

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