

**LFIR # 1621** 

1. Project Title	North Miami Goide	en Silver Senior F	rogram				
2. Senate Sponsor	Shevrin Jones						
3. Date of Request	12/3/2025						
4. Project/Program D	escription						
quality of life for olde Program funds will be recreational activitie program will offer ed and encourage lifeld	er adults by supporting be used to ensure con es, transportation servi ducational and enrichr	g services that fon nsistent access to ices, and regular ment activities de	nder the Golden Silver ester independence, so o nutritious weekly mea opportunities for comr esigned to promote cog will further support acce	ocial connection, an als, addressing food munity engagement anitive health, reduc	d overall well-being. I insecurity, providing Additionally, the e social isolation.		
5. State Agency to re-	ceive requested fund	<b>ds</b> Departm	nent of Elder Affairs				
State Agency conta	<u>.</u>	•					
6. Amount of the Non		or Fiscal Year 20	026-2027				
Type of Funding			Amor	unt			
Operating				586,440			
Fixed Capital Outlay	Fixed Capital Outlay			0			
<b>Total State Funds</b>	Requested			586,440			
ID : . O							
7. Total Project Cost t	for Fiscal Year 2026-	2027 (including	matching funds avai	lable for this proje	ect)		
Type of Funding	for Fiscal Year 2026-	2027 (including	matching funds avai	lable for this proje  Percentage	ect)		
Type of Funding	for Fiscal Year 2026-				ect)		
Type of Funding Total State Funds R Matching Funds			Amount	Percentage 100%	ect)		
Type of Funding Total State Funds R Matching Funds Federal	Requested (from quest	tion #6)	Amount 586,440	Percentage 100%	ect)		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the		tion #6)	Amount 586,440	Percentage 100% 0% 0%	ect)		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	Requested (from quest	tion #6)	Amount 586,440 0 0 0	Percentage 100% 0% 0% 0%	ect)		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	Requested (from quest	tion #6)	Amount 586,440	Percentage 100% 0% 0% 0% 0%	ect)		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	Requested (from quest	tion #6)	Amount 586,440 0 0 0	Percentage 100% 0% 0% 0%	ect)		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pro	Requested (from quest e amount of this request s for Fiscal Year 2020	st) 6-2027 ate funding?	Amount 586,440	Percentage 100% 0% 0% 0% 0%	ect)		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the	Requested (from quest e amount of this request s for Fiscal Year 2020 eviously received sta	st) 6-2027 ate funding?	Amount 586,440  0 0 0 0 586,440  No Specific	Percentage 100% 0% 0% 0% 0%	ect)		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the	e amount of this requests for Fiscal Year 2020 eviously received stamost recent instance	st) 6-2027 ate funding?	Amount 586,440  0 0 0 0 586,440	Percentage 100% 0% 0% 0% 0% 100%	ect)		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the	e amount of this reques s for Fiscal Year 202 eviously received sta	st) 6-2027 ate funding? e:	Amount 586,440  0 0 0 0 586,440  No Specific	Percentage 100% 0% 0% 0% 0% 100%	ect)		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the	e amount of this reques s for Fiscal Year 2020 eviously received sta most recent instance  Amou Recurring	st) 6-2027 ate funding? e: Int Nonrecurring	Amount 586,440  0 0 0 0 586,440  No Specific	Percentage 100% 0% 0% 0% 0% 100%	ect)		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the Fiscal Year (уууу-уу) 9. Is future-year funding	e amount of this reques s for Fiscal Year 2020 eviously received sta most recent instance  Amou Recurring	st) 6-2027 ate funding? e: Int Nonrecurring ested?	Amount  586,440  0 0 0 586,440  No  Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100%	ect)		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project professel yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year funding a. If yes, indicate near	e amount of this requests for Fiscal Year 2020 eviously received stamost recent instance  Amount Recurring  ing likely to be requested amount	st) 6-2027 ate funding? e: Int Nonrecurring ested? t per year.	Amount  586,440  0 0 0 0 586,440  No  Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100%	ect)		



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10. Status of Construction

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

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### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

a. What is the cu	rrent phase of th	ne project?					
Planning	O Design	Construction	O N/A				
b. Is the project "	'shovel ready" (i	e permitted)?		No			
c. What is the est	timated start dat	te of construction?					
d. What is the es	timated complet	ion date of construc	ction?				
e. What funding	stream will be us	sed for ongoing ope	rations a	nd maintena	ance of the	project?	
N/A							
		receive, directly or s of the facility and			capital outl	ay funding. In	clude the
N/A							

#### 12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	The Senior Program provides over 600 nutritious breakfast and lunch meals each week, ensuring participants receive balanced, senior-friendly options that cater to various dietary needs and cultural likes. In addition to meals, the program maintains comprehensive programming through, recreational activities, transportation services, health & wellness forums, interactive field trips and workshops. With sustained funding, the program can expand its reach, enhance meal quality, and introduce complem	586,440
Fixed Capital Construction/Major	or Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (n	nust equal total from question #6)	586,440

#### 13. Program Performance

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



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The requested funds will ensure the continued success of the Golden Silver Senior Program, a vital initiative that empowers older adults to age in place with dignity, independence, and connection. Through consistent access to nutritious weekly meals, engaging educational activities, health and wellness seminars, and enriching community field trips, the program fosters a supportive environment that prioritizes well-being in the least restrictive setting possible. These weekly meals do more than alleviate food insecurity as they serve as meaningful touch-points for social engagement, helping participants build relationships, stay active, and maintain their autonomy. Each service is thoughtfully designed to promote physical health, mental stimulation, and emotional resilience; creating a holistic support system for seniors who might otherwise face isolation or hardship.

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

The funding will be used to provide participants with nutritious breakfast and lunch, access to health and wellness classes, and essential supplies. Additionally, the funding will enable the initiation of evidence-based programs that foster social engagement and promote aging in place, ensuring that seniors remain active, connected, and supported within their communities.

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

The Golden Silver Senior Program in North Miami will deliver a comprehensive range of direct services designed to support the health, independence, and overall well-being of local seniors. These services will be offered on a weekly basis and include nutritious meals to address food insecurity, wellness and fitness activities to promote physical strength and mobility, arts and crafts to encourage creativity, and educational workshops that stimulate mental engagement. Additional direct services include organized field trips and social events that foster community connection, as well as informational workshops that provide valuable resources and guidance. Each activity is thoughtfully tailored to enhance balance, mental awareness, and social interaction, creating a holistic and supportive environment for senior participants.

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

The project will serve senior citizens aged 60 and older, reaching a vast group of more than 300 local participants each week. The senior program will provide approximately 600 nutritious meals weekly and host over 20 educational and evidence-based activities each month that promote health, wellness, and social engagement. To further enrich the experience, quarterly interactive field trips will be organized, offering opportunities for exploration and connection. To ensure accessibility for all participants, the program will also provide transportation services to about 500 seniors monthly, helping seniors stay active, independent, and engaged within their community.

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

The primary outcome of this project is to improve the overall well-being, social engagement, and independence of senior citizens aged 60 and older. By providing consistent access to nutritious meals, health and wellness education, transportation, and evidence-based programming, the initiative aims to reduce social isolation, enhance physical and mental health, and support aging in place. Participants will experience increased community connection, improved health literacy, and greater access to essential services. To evaluate the success of the program, the following methods will be used: Attendance Tracking: Weekly participation logs will monitor the number of seniors attending meals, classes, and field trips. Pre- and Post-Surveys: Participants will complete surveys assessing changes in health knowledge, social engagement, and satisfaction with services.

Transportation Logs: Monthly reports will document the number and type of transportation services provided.

### 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?

In addition to standard penalties outlined in the contract, the contracting agency may consider implementing supplemental measures to ensure accountability and program integrity. These may include withholding a portion of future payments until corrective actions are taken, requiring a formal performance improvement plan with defined timelines, reducing the scope of services or funding allocation, or suspending eligibility for future contracts until compliance is restored.

- 14. Is this project related to mitigation, response, or recovery from a natural disaster? No
  - a. If Yes, what phase best describes the project?



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☐ Mitigation (red	ducing or eliminating potenti	ial loss of life	or property)			
☐ Response (ad	ddressing the immediate and	d short-term e	ffects of a nat	ural disaster)		
☐ Recovery (as:	sisting communities return to	o normal oper	ations, includ	ing rebuilding	damaged infa	astructure)
b. Name of the nat	tural disaster (or Executive	e Order # for	events not u	nder a federa	al declaration	ı):
15. Has the entity ap	plied for or received feder	al assistance	for this proj	ject?		
☐ Yes, Applied						
☐ Yes, Received						
□ No						
□ No, but intends	to apply					
a. If yes, provide t	he FEMA project workshe	et ID#:				
b. Provide the tota	al project cost listed on the	e FEMA proje	ect workshee	t:		
16. Has the entity ap	plied for or received state	assistance f	or this projec	ct (other than	this request	)?
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends	to apply					
a. If yes, specify the Commerce):	ne program and state ager	ncy (ex. Loca	I Governmen	nt Emergency	/ Bridge Loar	ո, Department of
17. Requester Contac		1				
a. First Name	Yama	Last Name	Paillere			
b. Organization	City of North Miami					
c. E-mail Address	ypaillere@northmiamifl.go	ov				
d. Phone Number	(305)893-6511	Ext.	12105			
18 Recipient Contact	t Information					
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_						
c. E-mail Address d. Phone Number 18. Recipient Contact a. Organization	ypaillere@northmiamifl.go	7	12105			



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c. Organization Type						
□For Profit Entity						
□Non Profit 501(c	□Non Profit 501(c)(3)					
□Non Profit 501(c	□Non Profit 501(c)(4)					
☑Local Entity	☑Local Entity					
□University or Co	□University or College					
□Other (please specify)						
d. First Name	Alberte	Last Name	Bazile			
e. E-mail Address	abazile@northmiamifl.gov					
f. Phone Number	(305)895-9895	Ext.				
19. Lobbyist Contact Information						
a. Name	Ronald L. Book					
b. Firm Name	Ronald L. Book PA					
c. E-mail Address	ron@rlbookpa.com					
d. Phone Number	(305)935-1866					

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