



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1748

1. Project Title Nutrition for Elderly & Disabled Seniors Dialysis Patients

2. Senate Sponsor Ileana Garcia

3. Date of Request 11/21/2025

4. Project/Program Description

Our program aims to provide nutritionally balanced, no-cost meals to low-income seniors and adults with disabilities, particularly dialysis patients, at their dialysis treatment centers in Miami-Dade County. This service addresses the heightened risk of malnutrition that dialysis patients face, supporting their health and enhancing their quality of life. By offering meals at no charge, we also help alleviate economic burdens for these vulnerable groups.

5. State Agency to receive requested funds Department of Elder Affairs

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	50,000
Fixed Capital Outlay	0
Total State Funds Requested	50,000

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)	50,000	40%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	76,500	60%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	126,500	100%

8. Has this project previously received state funding? No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 50,000

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

Although the organization does not receive state funding, it receives local funds to address malnutrition and food issues affecting elderly individuals in the Miami-Dade area. These funds are not guaranteed.



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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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Salary and benefits for Executive Director program coordinator.	5,000
Other Salary and Benefits	Salary and benefits for administrative assistant provides clerical office assistance ,with intake forms for participants, contact with social workers. Coordinate purchase of supplies for meals program.	7,500
Expense/Equipment/Travel/Supplies/Other	Delivery of meals, vehicle used to transport meals to the dialysis centers. Maintenance and fuel.	5,500
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Funds utilized to pay for the cost of insurance, rent,meals, program supplies.	32,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		50,000

13. Program Performance

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

To support the Daily Nutrition Meals Program for low-income disabled seniors receiving dialysis, we aim to enhance their health and improve their quality of life. This initiative is crucial for disabled elders who often face isolation and depression due to loneliness and their illness.



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

Our nutrition program helps low-income elderly seniors. Our services aim to enhance the quality of life for Miami-Dade County residents. Kidney dialysis patients are at a high risk of malnutrition due to their treatments. Our nutrition program also provides economic assistance to these individuals.

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

Delivered meals, to elderly & disabled low-income residents at risk of hunger and malnutrition. screening and assessments, social interaction, telephone reassurance and other services provided to at-risk and homebound elders.

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

We are committed to supporting approximately 200 low-income seniors (60+) who are dialysis patients by providing them with nutritious lunch meals. Understanding the challenges they face, these meals will be delivered directly to their dialysis centers to ensure they have access to healthy food during their treatment.

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

Ensure elderly disabled dialysis patients receive proper nutrition, reducing the risks associated with malnutrition and supporting overall health. Regularly assess the satisfaction and well-being of our clients through surveys conducted by program staff and social workers during and post-program.

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?

A Corrective action plan may be required for noncompliance, nonperformance, or unacceptable performance. Financial penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans.

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

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



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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

☐ Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information



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a. Name	<input type="text" value="None"/>
b. Firm Name	<input type="text"/>
c. E-mail Address	<input type="text"/>
d. Phone Number	<input type="text"/>

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