



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 3073

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

**4. Project/Program Description**

Through Aging True's Meals on Wheels program, eligible seniors receive nutritious, dietitian-approved meals delivered to their homes. The program also links participants to Aging True's network of services, including case management, in home support, and mental wellness support. This project will provide an additional 25,000 meals to the 400 Clay County seniors currently on the waiting list, helping them maintain their health and independence at home. Each delivery dually serves as a brief wellness check to ensure the senior's safety & provides an outlet for personal connection, reducing isolation among those who live alone. The goal of this program is to reduce food insecurity among Clay County's rapidly growing senior population (ultimately improving their health outcomes) while lessening strain on the local healthcare system.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes

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

Type of Funding	Amount
Operating	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</b>

**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)	250,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>250,000</b>	<b>100%</b>

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.**

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

In lieu of state funding, we will seek to fund this project through private and public sources, including donations, foundation grants, and available public grants.



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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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	N/A	0
Other Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
<b>Operational Costs</b>		
Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	Funds will support assessments, meal production, food supplies, packaging, and delivery costs for Clay County seniors on the home-delivered meals waiting list.	250,000
Consultants/Contracted Services/Study	N/A	0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>250,000</b>

### 13. Program Performance

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



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The Clay County Nutrition Access for Seniors Project will expand the capacity of Aging True's Home Delivered Meals Program to meet the increasing demand for senior nutrition services in Clay County. Currently, 400 older adults are on the waiting list, unable to receive consistent access to nutritious meals, and therefore are at higher risk of institutionalization and even death.

The requested funding will allow Aging True to provide 25,000 additional meals to the county, ensuring these seniors receive regular home-delivered meals that meet their basic nutritional needs and support their ability to remain safely and independently in their own homes. Reducing the waiting list will create more program capacity, which will be necessary for the county as its senior population continues to grow steadily.

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

Funding for this project will support the preparation, packaging, and delivery of nutritious meals to homebound and vulnerable seniors across every zip code of Clay County.

Certification specialists will methodically assess and enroll each of the eligible seniors on the waiting list. Meals will be delivered directly to participants' homes on 252 serving days of the year, by trained staff and volunteers, providing not only nourishment but also a vital daily safety and wellness check.

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

The Clay County Nutrition Access for Seniors Project will provide home-delivered meals directly to eligible older adults who are unable to prepare or access nutritious food on their own. Each participant will receive regular deliveries of balanced, dietitian-approved meals that meet one-third of the Recommended Dietary Allowance for seniors.

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

The target population for the Clay County Nutrition Access for Seniors Project includes homebound and nutritionally at-risk adults aged 60 and older residing in Clay County. They live alone, have limited mobility, and lack access to consistent, healthy meals. The project will serve 25,000 meals to the hundreds of seniors currently on the waiting list for home-delivered meals, providing them with regular nutrition, daily wellness checks, and connections to other services.

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

Outcomes will be improved nutrition, health, and independence for home-based seniors in Clay County. Participants will experience reduced food insecurity, enhanced physical well-being, and increased social connection. Outcomes will be measured by tracking the number of seniors served, meal delivery data, and participant surveys conducted by Aging True case managers to assess improvements in nutrition access, stability, and self-reported quality of life.

**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?**

Revocation of funds.

**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 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.*