



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1724

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funding is requested to 1) extend our M-F home delivered nutritionally hot meal program for frail homebound elderly clients with breakfast and weekend meal deliveries, 2) provide physical and mental health support activities (adult fitness classes including chair exercise, yoga, dance and Tai Chi for arthritis, and 3) provide acts-based recreational activities that promote socialization and target the isolation and depression prevalent in a senior population.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	0
Total State Funds Requested	750,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750,000	49%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	537,000	35%
Other	244,000	16%
Total Project Costs for Fiscal Year 2024-2025	1,531,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	750,000	404	No

9. Is future 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.

None at the time.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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\$550,000 for reimbursement for purchase of PPE, COVID testing, police hazard and sick pay.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

13. 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: Other		
Salary and Benefits	Programs, recreational, educational staff	300,000
Expense/Equipment/Travel/Supplies/Other	Supplies for program	35,000
Consultants/Contracted Services/Study	Meals	415,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		750,000

14. Program Performance

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

The goal is to improve the physical and emotional wellbeing of Miami Springs/Virginia Gardens seniors by providing consistent nutritional meals, physical activities, enrichment and educational programs and vital social interaction.

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

Funds will enable the City of Miami Springs to expand health support programs such as daily activities that include a variety of exercise, enrichment classes and social activities, outings as well as enabling the City to continue providing vital nutritional services to frail and vulnerable housebound residents of Miami Springs and the neighboring Village of Virginia Gardens.



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

Approximately 34000 home delivered breakfast meals, 10,350 weekend lunch meals, 1150 physical and mental health support classes and 540 1-hour recreation activities classes (art, music, book club).

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

Under served low-income senior citizens of Miami Springs and Virginia gardens. 500 expected to be served.

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

The expected outcome is improved nutrition for our frail and elderly housebound clients and stabilized or improved physical and mental health for seniors who are able to come to the senior center. The outcomes will be measured through annual client assessments completed and recorded in the State of Florida CIRT system.

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 the contract?

Revocation of funding if project is not completed.

15. Requester Contact Information

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

16. 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) Municipality Government

d. First Name **Last Name**
e. E-mail Address
f. Phone Number

17. Lobbyist Contact Information

a. Name



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b. Firm Name

c. E-mail Address

d. Phone Number