



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2822

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

The Austin Hepburn Senior Mini-Center - City of Hallandale Beach will provide critically needed community-based services to persons aged 60 years plus. The program offers stimulating recreational activities and transportation services to minimize social isolation, depression, loneliness to avoid and/or delay nursing home placement. The program will require approximately \$111,006 in funding for annual services to senior clients/family through the Department of Elder Affairs in a safe secure environment. A social worker is available to provide case management services and will complete an initial face-to-face assessment to evaluate, address, coordinate client's specific needs, complete annual reassessments to identify any changes, evaluate the progress, and/or modify coordination of services, resources and referrals.

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	111,006
Fixed Capital Outlay	0
Total State Funds Requested	111,006

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)	111,006	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	111,006	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	103,181	398	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.

The agency will attempt to secure other grant funding sources if state funding is not awarded.

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



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

The agency received Coronavirus Response Relief Supplemental Appropriation Act 2021 funding in the total amount of \$20,507.75 which included an original allocation of \$4,507.75, and two amendments in the amount of \$8,000 each. Funding was utilized in the form of salaries, benefits, program operational costs for the Hepburn Senior Mini Center.

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	2 part-time van drivers, to provide door-to-door round trip pick-up services to client, pharmacy and medical appointments, transportation to/from recreational field trips and community events; 1 part-time office assistant receptionist, provides clerical assistance in capturing daily unit of services and client contact services.	72,457
Expense/Equipment/Travel/Supplies/Other	Uniforms and logo shirts (staff/program participants) to identify safety and well-being of clients in and out of the Center while attending stimulating recreation trips, special emergency services assistance to aid with housing assistance, utility assistance, Rx. Printing and binding, program office supplies, specialized supplies, recreational and educational field trips admission and meals.	23,549



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Consultants/Contracted Services/Study	Instructors to provide health and wellness seminars and exercise classes to promote a healthy lifestyle. Technological instruction to teach basic computer literacy training and increase social media and Internet use, which stimulates cognitive and psycho-motor skills, thus enhancing their daily living. Musicians, and special entertainment promote social engagement and positive interaction. Program promotes multi-cultural awareness activities.	15,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		111,006

14. Program Performance

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

Continue to provide critically needed community-based services to persons aged 60 years plus. The program offers stimulating recreational activities and transportation services to minimize social isolation, depression, loneliness to avoid and/or delay nursing home placement. The program will require approximately \$111,006 in funding for annual services to senior clients/family through the Department of Elder Affairs in a safe secure environment.

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

The City, together with the DOEA, seeks to offer a year-round Senior Center to people aged 60 and older. Clients will have the opportunity to participate in a wide array of recreational activities to address loneliness, isolation, increased depression, anxiety, reduced nutrition, and community engagement. Elder friendly transportation will be provided with enhanced support amenities for older adults.

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

Direct services will include:
 Recreation activities: classes, educational forums, games, music enrichment, fitness activities, arts and crafts, technology, birthday and holiday celebrations. Developing client enrichment activities.
 Transportation activities: field trips to museums, health fairs, botanic gardens, parks, movies, shopping, sightseeing, excursions, concerts, medical.

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

The program will provide services to approximately 800 unduplicated people aged 60 and older. Current diverse program demographics included 80.9% female, 19.1 % male, 59% Hispanic, 21.9% Caucasian, 18% African American, and 1.1% Asian American. Age ranges are as follows: Ages 60-64 9.3%, 65-69 17.5%, 70-74 14.2%, 75-79 20.2%, 80-84 19.7%, over 85 19.1%. 2% utilize assistive walking devices for mobility, 28.4% live alone, and 44.8% serve as head of household.

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

The Austin Hepburn Senior Mini-Center - City of Hallandale Beach will provide improved physical and mental health, provide enriched cultural programming, improve quality of education, transportation, enhance individual's economic self-sufficiency, and provide linkages to resources through case management services. Methodologies used to measure program outcomes will include the number of program participants, participant surveys, improved levels of education in ESOL and technology, and data reports.

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?

The City will be paid by the contractor upon satisfactory completion of the tasks and deliverables as specified in the contract upon submittal of required invoice. Failure to meet established deliverables or performance measures will result in nonpayment and/or reduction of payment.



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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)

d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number