

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: South Florida Seniors in Action
2. Date of Submission: 10/29/2019
3. House Member Sponsor: Michael Grieco
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					589,120	589,120

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Elder Affairs
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Termination of Contract. Standard penalties are sufficient.

6. Requester:

- a. Name: Eddie Sierra
- b. Organization: South Florida Seniors in Action
- c. Email: Director@SouthFloridaSeniorsinAction.org
- d. Phone #: (786)526-8163

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Eddie Sierra
- b. Organization: South Florida Seniors in Action
- c. Email: Director@SouthFloridaSeniorsinAction.org
- d. Phone #: (786)526-8163

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: South Florida Seniors in Action
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Funds are for low income and underprivileged seniors in order to provide food pantries, senior socials, social services, physical and mental stimulation by low impact exercises, arts & crafts, including basic information technology.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	The executive director is a full time position responsible for overseeing the administration, programs and strategic plan of the organization. Other key duties include fundraising, marketing and community outreach	55,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	The program assistant coordinator is a full time position involved in helping organize and facilitate all federal, state and local programs inclusive or coordinating contracted services, specialized services and logistics provisions which will be funded by this initiative	31,200
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	All available programs provided by federal and state agencies require certified training and travel throughout the local counties and state.	10,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		

Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	two part time employees and two full time employees. All of which are required to have background screening for care of elderly persons, food safe service certified, nutritional training and extensive training of community and federally based entitlement programs	101,920
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Senior transportation service vehicle, insurance, maintenance, information technology (computers), art & crafts supplies, exercise therapy supplies, workers compensation, FICA Kitchen equipment and renovation. Steam tables, Steam cabinet, commercial grade refrigeration and freezer, computers and printer. Current location 833-6 street Miami Beach, FL 33139 currently is a government community center located in South Beach, Florida the center has a kitchen area is currently without any equipment	65,300
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Professional services provided by certified specialists, Social Workers, Psychologist, Information Technology specialist, Physical Trainers, Transport Specialist, and Arts & Crafts instructors.	325,700
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		589,120

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Letters of support from local community partners including two major hospitals, City Commissioners, County Commissioners, City Mayor, State Senator, State House Representative

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

All studies have been performed at the state level. Census Bureau, poverty line level census of individuals over the age of 55. Food insecurity in senior populations with in the state and suicide statistics

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Planning, preparing, serving, and delivering meals. Social services including licensed mental healthcare professionals, organized group activities in both physical and artistic disciplines inclusive of basic information technology introduction

17b. Describe the direct services to be provided to the citizens by the funding requested.

Multiple occupational activities, including intellectual and physical programs tailored for the aging population. Fresh and nutritious meals provided daily. Valuable knowledge and assistance readily available for seniors to apply for federal, state and local earned-benefit programs

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200

- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Physical strength, ease of movement	Initial measure of participants with a quarterly review for improvement percentage including desire to continue and improve.
<input checked="" type="checkbox"/> Improve mental health	improve signs and symptoms of loneliness and feelings of suicide	census of participants quarterly and initiative for continued participation
<input checked="" type="checkbox"/> Enrich cultural experience	in collaboration with local arts facilities and organizations a statistically documented increase of seniors participating and attending both cultural and arts events and programs	census of seniors attending cultural and arts events and initiative for continued participation
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Percentage of seniors actively using technology and Internet services	Tailored to the senior population, Instructional guidance provided on the use of technology and Internet services. Measured quarterly by active participation and continued participation
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		

<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	589,120	90.1%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	0	0.0%	No
5. Other:	65,000	9.9%	Yes
TOTAL	654,120	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

- ongoing activity – no total cost
- <1M
- 1-3M
- >3-10M
- >10M