

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Miami Springs Senior Center Supplemental Meals and Services
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Bryan Avila
Members Copied: Manny Diaz

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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:					165,944	165,944

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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? Yes
 - 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.

The contracting agency may consider a reduction in allocations if data collected reflects a smaller population served or if assessments do not adequately demonstrate the effectiveness of the services and support provided.

6. Requester:

- a. Name: William Alonso
- b. Organization: City of Miami Springs
- c. Email: alonsow@miamisprings-fl.gov
- d. Phone #: (305)805-5011

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

- a. Name: Karen Rosson
- b. Organization: City of Miami Springs
- c. Email: rossonk@miamisprings-fl.gov
- d. Phone #: (305)805-5160

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

- a. Name: Jose Bermudez
- b. Firm: Becker & Poliakoff
- c. Email: Jbermudez@bplegal.com
- d. Phone #: (305)262-4433

9. Organization or Name of entity receiving funds:

- a. Name: City of Miami Springs
- 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?

Funding is requested to: 1) extend our M-F home-delivered nutritionally-balanced hot meal program for frail home bound elderly clients with weekend and breakfast deliveries and emergency shelf-stable meals; 2) provide physical and mental health support activities (chair exercise, yoga, aerobics, memory, Tai Chi for arthritis); and 3) provide arts-based recreational activities that promote socialization and target the isolation and depression prevalent in a senior population.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracted services will include program wide catering services, nutritionist and instructional staffing for education/enrichment programs.	165,944
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		165,944
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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)

N/A

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:

Annually for the last 40+ years, the Miami Springs City Council has supported some activities and meals at the senior center as documented in annual budgets. Other support has come from Older Americans Act and SNAP federal funding.

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:

As evidenced by the increasing # of low-income elderly in 2000 and 2010 US Census reports, our experience and knowledge of the community, and an increase in daily client traffic, it may be safely assumed that totals for clients seeking services will continue to increase substantially.

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?

The activities and services that will be provided include nutritional support and meal services, Monday through Fridays, at the senior center as well as education, enrichment and fitness classes. In addition these fund will also allow the City to provide home bound residents with needed meal services throughout the week (breakfast and lunch) as well as weekend meals and shelf stable emergency food supplies.

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

The direct services will include nutritional counseling and meal services at the senior center as well as delivery of shelf-stable emergency meals, weekend meals and breakfasts for home bound residents. In addition, physical and mental health support classes and recreation activities will be provided and will include fitness classes, art, drama and educational guest speakers.

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	1) improved nutrition of frail homebound elderly 2) stabilization and/or improvement in mobility and balance	1) # of breakfast and weekend home-delivered nutritionally balanced hot meals to frail homebound elderly / annual client assessment done and recorded in state of Florida CERTS
<input checked="" type="checkbox"/> Improve mental health	reduced isolation, increased socialization, maintained or improved memory skills	# of classes/activities attended/annual client assessment done and recorded in state of Florida CERTS
<input checked="" type="checkbox"/> Enrich cultural experience	reduced isolation, increased socialization, maintained or improved memory skills	# of classes/activities/events attended/annual client assessment done and recorded in state of Florida CERTS
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	reduced isolation, increased socialization, maintained or improved memory skills, development/refinement of physical and/or mental capabilities	# of classes/activities/events attended/annual client assessment done and recorded in state of Florida CERTS
<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 2018-19 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:	165,944	50.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No

4. Local:	165,944	50.0%	No
5. Other:	0	0.0%	No
TOTAL	331,888	100%	

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

No