

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Community Coalition, Inc. ? Home Delivered Meals Program
2. Date of Submission: 01/27/2016
3. House Member Sponsor(s): Jose 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
- 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 (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	0	250,000	250,000	0	0	450,000	450,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Elsa Someillan
- b. Organization: Community Coalition, Inc
- c. Email: cblanco@communitycoalitioninc.org/elsasome@aol.com
- d. Phone #: (305)854-2882

6. Organization or Name of Entity Receiving Funds:

- a. Name: Community Coalition, Inc.
- 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

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

The purpose of this program is to assist at risk, low income elders 60 years of age or older, in maintaining an acceptable quality of life in their own home. We provide them with a well balanced home delivered hot meal on a daily basis five times a week. Nutrition is part of the fundamentals necessary to maintain our senior citizens healthy and thereby preventing early institutionalization.

We are requesting \$450,000.00 to serve low-income areas in Miami-Dade County, with emphasis in Central Miami-Dade County. We would expand our program to serve approximately 230 participants and provide them with five days a week hot meals delivered to their homes. We are presently offering our services to 130 participants and have over 100 participants in a waiting list.

With the additional funds we would be able to service an additional 100 low income, isolated elderly participants that are in desperate need of this service. Most our participants are elderly which are frail and are not able to cook for themselves and have no one to help them with this chore. This would give us a total of 230 participants that would be able to receive this service.

Our Case Managers visit each participants home and screen and assess each participant. Depending in their priority needs, ranking and nutritional scores they are then accepted into our program. We provide them with hot meals which are delivered to their homes Monday through Fridays between 10:30 a.m. and 2:30 p.m.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

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

Yes