

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: Elderly Home Delivered Meals & Other Supportive Services
2. Date of Submission: 01/26/2016
3. House Member Sponsor(s): Daphne Campbell

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
- 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? 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:					193,923	0	193,923

- 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: Debbie Kleinberg
- b. Organization: North Miami Foundation for Senior Citizens? Services, Inc.
- c. Email: dk@nmf620.org
- d. Phone #: (305)893-1450

6. Organization or Name of Entity Receiving Funds:

- a. Name: North Miami Foundation for Senior Citizens? Services, 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 goal of our home delivered meals program is to reduce hunger and food insecurity and promote the health, well-being and independence of those served. The North Miami Foundation currently delivers approximately 120 home delivered meals a day to frail seniors who are considered to be at nutritional risk. These clients are frail, primarily homebound, and find it difficult to shop or prepare nutritious meals for themselves. The intended purpose of this request for funding is to provide an additional 50 frail elders (age 60+) who are nutritionally at risk with: home delivered meals, social work support services and access to transportation to the grocery store for those households that can do so.

With the funding requested the North Miami Foundation will provide home delivered meal service to 50 clients. In total, 36,500 meals will be provided, and consist of 13,050 hot weekday lunches, 5,200 weekend lunches (delivered on in a 2 meal package of 1 hot meal for Saturday and 1 cold meal for Sunday), and 18,250 breakfast meals (delivered with daily and weekend meals.) Social work support (initial and annual screening & assessment, counseling and semi-annual re-evaluation) will be factored into the unit rate. Additionally 300 trips to the grocery store via the North Miami Foundation Transportation Program will be provided as well.

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

Federal: 68,593

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

Local: 276,338

Other: 74,000

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

Yes