Budget Detail Request - Fiscal Year 2016-17

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

Title of Project: <u>Elderly Services</u>
 Date of Submission: 01/28/2016

3. House Member Sponsor(s): Jeanette Nunez

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: | А | В | С | 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 | 776,133 | 776,133 | 0 | 250,000 | 0 | 250,000 |

| 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: | | | | | | |
| 0 0 | • | | | | | |
| Expenses | El ixea capital construction | Dottier one time costs | | | | |
| | ☐Operating Expenses New Recurring Funding | □Operating Expenses □Fixed Capital Construction | | | | |

5. Requester:

a. Name: Angela Vazquez

b. Organization: <u>Southwest Social Services Programs, Inc.</u>

c. Email: swss@southwestsocial.org

d. Phone #: (786)344-2305

- 6. Organization or Name of Entity Receiving Funds:
 - a. Name: <u>Southwest Social Services Programs, Inc.</u>
 - 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.)

Southwest Social Services Programs, Inc. has been serving South Florida since 1981. The agency receives federal, state, local and other funding to provide services to the elderly. These services include congregate meals, home delivered meals, transportation, education, recreation, nutrition education, nutrition counseling, screening and assessments. The congregate meals and related services are related services are delivered at 5 snior centers. The home delivered services are delivered within the following boundaries: 27th AVE on the East; SR 836 on the North; 165th Ave on the West and Killian Drive on South side. Approximately 1,300 low income seniors receive meals daily - 365 days per year.

Currently - there are waiting lists for home delivered meals, congregate meals and transportation. In addition to these the agency was unable to provide breakfasts that had been traditionally served because of a lack of funding. The state funds have been cut flat for over a decade. With the funding listed we will be able to provide approximately 283,000 congregate meals, 110,000 hot home delivered meals, 60,500 one way trips and an additional 2,500 hours of recreational activities (teacher's salaries & materials.)

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

Federal: 1,185,380

State: 1,026,133 (Excluding the requested Total Amount in #4d, Column G)

Local: <u>449,587</u> Other: <u>74,739</u>

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