

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: Meals for Elders in Northeast Florida
2. Date of Submission: 12/11/2015
3. House Member Sponsor(s): W. Cummings

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	400,000	400,000	0	0	400,000	400,000

- 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: Linda Levin
- b. Organization: ElderSource, NE Florida Area Agency on Aging
- c. Email: linda.levin@myeldersource.org
- d. Phone #: (904)391-6610

6. Organization or Name of Entity Receiving Funds:

- a. Name: ElderSource, NE Florida Area Agency on Aging
- b. County (County where funds are to be expended) Baker, Clay, Duval, Flagler, Nassau, Saint Johns, Volusia
- c. Service Area (Counties being served by the service(s) provided with funding) Baker, Clay, Duval, Flagler, Nassau, Saint Johns, Volusia

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 funds will be allocated to our contracted meals providers within each of our seven counties. Unit rates for meals are established with the contracted providers and include all costs (e.g. food, packaging/production, personnel, distribution, etc.). The requested funds will be used to continue providing meals to those elders removed from the waiting list the prior year so that their services will not have to be discontinued and then returned to the waiting list. New clients will be removed from the waiting list for services as existing clients leave the program. Clients will be removed in risk order so that those at greater nutritional risk are served first. If these funds are not continued, those served this year will be most likely returned to the waiting list and their nutritional status decline, leading to increased frailty and illness and need for other more costly care and services. The waiting list for elderly needing food and nutrition will continue to grow with growing numbers of elders going hungry and declining nutritional status. We currently have 1,768 people on the waiting list for meals. We expect a similar number of elders will receive a similar number of meals as in the current year, ie. 250 elders to be served and 61,623 meals provided.

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

Federal: 2,627,787

State: 619,295 (Excluding the requested Total Amount in #4d, Column G)

Local: 103,000

Other: 0

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

Yes