

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Community Coalition, Inc. - Home Delivered Meals Hot (LSP)
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Jeanette Nunez
Members Copied:

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? 2017-18
- 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:		250,000	250,000		250,000	250,000

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? No
 - 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.

If contractor fails to meet deliverable or performance measures identified in the contract then Alliance will apply financial consequences commensurate

6. Requester:

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

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

- a. Name: Aleida Blanco
- b. Organization: Community Coalition, Inc.
- c. Email: cblanco@communitycoalitioninc.org
- d. Phone #: (305)854-2882

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. 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

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?

The purpose of this program is to assist at risk, low income elders 60 years of age or older that are home bound 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 5 times a week (Monday through Friday). Nutrition is part of the fundamentals necessary to maintain our elders healthy and thereby preventing early institutionalization.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	10% of Executive Director salary, FICA/MICA, workers compensation, Health, Dental, Life and Disability insurance are the benefits being charged to this program. 10% of total annual expenses are charged for each benefit as that is the % of her time allocated to this program	11,833
<input checked="" type="checkbox"/> b. Other Salary and Benefits	10% of Executive Director salary, FICA/MICA, workers compensation, Health, Dental, Life and Disability insurance are the benefits being charged to this program. 10% of total annual expenses are charged for each benefit as that is the % of her time allocated to this program	11,727
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Audit, Accounting/Professional Fees (I9 and other tax forms, etc), and	2,100

	Payroll charges	
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Program Director, Program Assistant, Assessment Specialist and a clerk are the salaries charged to this program. Benefits allocated are for FICA/MICA, workers compensation, health, life, dental, disability and retirement.	64,623
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Expenses such as building rent, telephone, cell phones, storage, internet, equipment rental and maintenance, office supplies, printing, postage, work experience and transportation costs for the participants	15,842
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Greater Miami Caterers (catering service) Nutritionist	143,875
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

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:

Approximately 70 to 80 letters of support from elders that are in our program

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:

2016 County Level Data - Profile of Older Floridians (DEOA)

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?

Participants will be provided with home delivered hot meals five days a week. They will also receive a monthly nutritional letter that will inform our participants of pertinent information as to their health and nutrition

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

Each participant will receive home delivered hot meals Monday through Friday. They will also receive a monthly nutritional letter that will provide them with information about nutrition and health.

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	Nutritional scores and rank	Annual re-assessments
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<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 checked="" type="checkbox"/> Other (Please describe): Improve or maintain elders possibility/ability to	Ranking scores	Re-assessments

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	250,000	50.0%	N/A

Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	250,000	50.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	500,000	100%	

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

No