Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: David Posnack Jewish Community Center – Senior Kosher Meal Program
2. Date of Submission: 11/11/2019
3. House Member Sponsor: Richard Stark
   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? 2019-20

    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 2019-20 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
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)	**Additional Nonrecurring Request**	**TOTAL Nonrecurring plus Recurring Base Funds** (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		149,537	149,537		149,537	149,537

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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.

    Reassessment of the grant after a cure period and new possible performance measures.

6. Requester:
    a. Name: <u>Scott Ehrlich</u>
    b. Organization: <u>Jewish Community Centers of South Broward, Inc. D/B/A David Posnack Jewish Community</u>
    c. Email: <u>Sehrlich@dpjcc.org</u>
    d. Phone #: <u>(954)434-0499</u>

7. Contact for questions about specific technical or financial details about the project:
    a. Name: <u>Scott Ehrlich</u>
    b. Organization: <u>Jewish Community Centers of South Broward, Inc. D/B/A David Posnack Jewish Community</u>
    c. Email: <u>Sehrlich@dpjcc.org</u>
    d. Phone #: <u>(954)434-0499</u>

8. Is there a registered lobbyist working to secure funding for this project?
    a. Name: <u>Bernie Friedman</u>
    b. Firm: <u>Becker Poliakoff</u>
    c. Email: <u>bfriedman@bplegal.com</u>
    d. Phone #: <u>(954)985-4180</u>

9. Organization or Name of entity receiving funds:
    a. Name: <u>David Posnack Jewish Community Center</u>
    b. County (County where funds are to be expended): <u>Broward</u>
    c. Service Area (Counties being served by the service(s) provided with funding): <u>Broward</u>

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?

Daily meals served at the DPJCC and the Daniel Cantor Senior Center will maintain or improve the nutritional status of the elderly community who receive meals through these funds. As well, the activities at the DPJCC enhance dignity and support independence. The program strives to meet the needs of the elderly community so the participants can maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement.

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:		
☑a. Executive Director/Project Head Salary and Benefits	Program Director	19,548
☐b. Other Salary and Benefits		
☐c. Expense/Equipment/Travel/Supplies/Other		
☐d. Consultants/Contracted Services/Study		
Operational Costs:		
☑e. Salaries and Benefits	Custodian/Food Server.	12,524
☑f. Expenses/Equipment/Travel/Supplies/Other	Utilities	8,578
☑g. Consultants/Contracted Services/Study	Nutritionist, Enrichment Instructors, Lecturers, Meals.	108,887
Fixed Capital Construction/Major Renovation:		
☐h. Construction/Renovation/Land/Planning Engineering		
TOTAL		149,537

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)

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○For Profit
○Non Profit 501(c) (3)
○Non Profit 501(c) (4)
○Local Government (e.g., police, fire or local government buildings, local roads, etc.)
○State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
○Other (Please describe)

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:
      Jewish Federation of Broward County and Town of Davie

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:
      Need has been documented by Jewish Federation of Broward County demographic study.

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 receive a nutritious meal 5 days a week Monday through Friday, excluding holidays. To encourage social interaction and promote independent living classes, support groups, topical speakers, live entertainment as well as volunteer opportunities are provided through these funds.

   17b. Describe the direct services to be provided to the citizens by the funding requested.
      Participants will receive 1 nutritious meal 5 days per week Monday through Friday, excluding holidays.

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

☑Improve physical health	Independent living- maintaining acceptable quality of life in their own home.	Length of participation in the program.
☑Improve mental health	Social interaction through classes, support groups, topical lectures and entertainment.	Participation in the classes, support groups, topical lectures and entertainment is documented through daily rosters.
☑Enrich cultural experience	Topical lectures, daily classes, holiday celebrations, films, entertainers are all provided as part of the program to help participants stay connected.	Participation in the classes, topical lectures, holiday celebrations and entertainment is documented through daily rosters.
☐Improve agricultural production/promotion/education		
☐Improve quality of education		
☐Enhance/preserve/improve environmental or fish and wildlife quality		
☐Protect the general public from harm (environmental, criminal, etc.)		
☐Improve transportation conditions		
☐Increase or improve economic activity		
☐Increase tourism		
☐Create specific immediate job opportunities		
☐Enhance specific individual's economic self sufficiency		
☐Reduce recidivism		
☐Reduce substance abuse		

☐Divert from Criminal/Juvenile justice system		
☐Improve wastewater management		
☐Improve stormwater management		
☐Improve groundwater quality		
☐Improve drinking water quality		
☐Improve surface water quality		
☐Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 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 Project Request:	149,537	73.7%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	6,350	3.1%	No
5. Other:	47,000	23.2%	No
TOTAL	202,887	100%	

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

20a. How much state funding would be requested after 2020-21 over the next 5 years?
⊙<1M

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○1-3M
○>3-10M
○>10M

20b. How many additional years of state support do you expect to need for this project?
○1 year
○2 years
○3 years
○4 years
◉>= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost.   If funds requested are for ongoing services or for recurring activities, select "ongoing activity".
◉ongoing activity – no total cost
○<1M
○1-3M
○>3-10M
○>10M