

Template

Filled in Example

Request for Appropriation Budget Template

Enter data into each yellow cell.

Request Title:	Home Delivered Meals (HDM)
Sponsor:	Senator Jacob Anderegg

Step 1. Revenue

Funding Source		
Amount Requested	2,178,460	General Fund
Other Revenue Sources	12,102,559	Federal Older American Act (OOA), State OOA, Local, ARPA
Total Revenues:	14,281,019	
Difference between Revenue & Expenditures		

Step 2. Expenditures

Amounts	Details		
Personnel	5,446,152	Number of personnel supported:	60 FTEs *Hundreds of volunteers contribute to the delivery of these meals statewide which is not included in the FTE number above.
Travel	0	Nature of travel:	N/A
Equipment/Supplies	6,656,407	Types of equipment/supplies to be purchased:	Food, Meal Supplies, Kitchen Supplies, Equipment, Operating Supplies (plates, bags, cups, straws, kitchenware, etc.)
Pass-through	2,178,460	Intended meal recipient(s) of pass-through funds:	Utah's 12 Area Agencies on Aging (AAA): Weber County AAA, Uintah Basin AAA, Tooele County Aging Services Southeastern Utah AAA, Six County AAA, San Juan County AAA, Salt Lake County Aging & Adult Services, MAG AAA, Golden Age Center, Five County AAA, Davis County AAA and Bear River AAA. This would be distributed via the existing state funding formula for HDM funding
Total Expenditures:	14,281,019		

Request for Appropriations (RFA) Form

Note: Any information provided on the RFA form may be made public! Additional instructions for filling out the form can be found on the RFA Instructions. Please contact the Legislative Fiscal Analyst's Office for a copy.

REQUESTER INFORMATION *(Required)*

Legislator: First Name Jacob Last Name Anderegg Date 01/23/2023

SECTION 1: REQUEST DETAILS *(Required)*

1.1 Does this request fund the fiscal impact of proposed legislation?

Yes ☐

No ☒

If yes, STOP! Do not submit an RFA for the fiscal impact of proposed legislation. RFA forms submitted to LFA for processing will not be entered into the system online if they are associated with legislation.

1.2 Funding request name (No more than six words; do not identify a non-state agency in the name)

Older Adult Home Delivered Meals

1.3 Funding request description (3-5 sentences)

Commonly known as Meals on Wheels, the Home-Delivered Meals Program provides healthy meals, a quick safety check and vital human connection to homebound seniors while reducing food insecurity and isolation. Continued increasing operational costs and extensive program growth statewide are detrimentally outpacing service need. Hunger and isolation not only jeopardize the health and well-being of Utah's older adults; they also place a significant strain on our state's healthcare system and economy. The total funding request is \$2,178,460.

1.4 For more information on the project, the Legislative Fiscal Analyst's Office should contact:

- Name: Paul Leggett
- Organization: Utah Association of Area Agencies on Aging (U4A)
- Position: Chair
- Email: pleggett@slco.org
- Phone: 385-268-3290

1.5 Appropriations Committee Recommended to hear Request:

- ☐ Business, Economic Development, and Labor (BEDL)
- ☐ Executive Appropriations Committee (EAC)
- ☐ Executive Offices and Criminal Justice (EOCJ)
- ☐ Higher Education (Higher Ed)
- ☐ Infrastructure and General Government (IGG)
- ☐ Natural Resources, Agriculture, and Environmental Quality
- ☐ (NRAEQ) Public Education (Public Ed)
- ☒ Social Services (SS)

SECTION 2: FUNDING INFORMATION *(Required)*

2.1 Identify which fund the appropriation should come from:

Note: Funding will be appropriated for the New Year (or Budget Year). You can change this in the online form.

- | | | |
|------------------------|--------------------|----------------------------|
| • General Fund: | One-time: \$ _____ | Ongoing: \$ <u>2178460</u> |
| • Income Tax Fund: | One-time: \$ _____ | Ongoing: \$ _____ |
| • Transportation Fund: | One-time: \$ _____ | Ongoing: \$ _____ |
| • Federal Funds: | One-time: \$ _____ | Ongoing: \$ _____ |
| • ARPA Federal: | One-time: \$ _____ | Ongoing: \$ _____ |
| • Other*: | One-time: \$ _____ | Ongoing: \$ _____ |

*Indicate fund name

2.2 Should unused funding be returned to the state at the end of the fiscal year?

Yes ☐

No ☒

2.3 Is this project scalable if the Legislature does not fund the full requested amount?

Yes ☒

No ☐

2.3a If yes on 2.3, please provide a short explanation describing how the project might be scaled. (3-5 sentences)

This request is for \$2,178,460 in ongoing funding to expand the statewide Home Delivered Meals program. If the full amount is not appropriated, the program will be expanded proportionally to the approved amount, based on the statewide formula for distributing this funding.

SECTION 3: AGENCY INFORMATION *(Required)* *(NOTE: State funding CANNOT be appropriated to a non-state agency.)*

3.1: Agency with fiscal oversight (agency that will receive the funding): Department of Health and Human Services

3.2: Type of entity to receive (select all that apply)

Government

☒

Government Not for Profit (ex., school district foundation)

☐

Private Not for Profit

☐

Private for Profit

☐

SECTION 4: PERFORMANCE OUTCOME MEASUREMENT *(Required)*

4.1: What is the statewide purpose of this project or program? (Select up to 3 from the list below)

Economy

☐

Governance & Civic Engagement

☐

Justice

☐

Other _____

Education

☐

Health & Wellbeing

☒

Recreation

☐

Environment

☐

Infrastructure & Mobility

☐

Safety & Security

☐

4.2: What is this project or program intended to accomplish? (3-5 sentences)

Every meal delivered addresses the specific health conditions of the senior, provides a safety check and an assessment of changes that might impact future medical needs. This can mean the difference between independent living and aging at home or transfer to and premature placement into a costly long-term nursing facility.

4.3: How will the Legislature know whether the project or program is successful? (Recommend a short-term target for measuring progress; 3-5 sentences)

Successful use of this funding will result in an increase of clients served annually and reduce or eliminate the statewide program wait list. Additionally, a POMP survey will be undertaken to ascertain the impact of the program, this will be undertaken statewide and will collect information directly from program clients.

SECTION 5: ITEMIZED BUDGET *(Required)*

5.1: Attach a budget proposing how the funding will be used. *Template available on the RFA app on the secure site or from LFA.*

SECTION 6: OTHER SUPPORTING DOCUMENTS *(Not required)*

6.1 Intent Language: *Provide any intent language directing the use of the funding. Intent language cannot change statute or identify a non-state entity to receive funding. Follow this template: "The Legislature intends that (\$ amount) from the (funding source) provided by this item be used for (include specific details on what the money should be used to accomplish; do not name any non-state entity).*

6.2 Previous State Funding: *Template available on the RFA app on the secure site or from LFA.*

6.3 Other Notes: *Attach any additional documents you feel are relevant to the Legislature's decision to fund the request.*