



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1522

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Provide crisis intervention services and support for adults who are caring for other adults, including mental health crisis intervention, suicide prevention, resource referrals, help navigating and accessing caregiver support services, direct linkage to referrals with "warm" advocacy calls, care coordination, development of caregiving plan, supportive follow-ups, and support for life balance. Connect those who are cared for with the Touchline service to receive free, daily safety and reassurance calls, enabling older adults to live independently in their homes as long as possible and thereby reducing the number of older adults entering nursing homes. Provide additional support to caregivers so they can remain mentally and physically healthy and able to continue in the role of caregiver. Expand community partnerships to grow the network of referrals and services available to caregivers.

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	77%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	145,272	23%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	645,272	100%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

PPP Loan - 388,600
 ERTC - 399,916
 Funds were spent on salaries and equipment.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	10% admin cost (based on salary + benefits expense) to include Executive and Leadership team time and effort, Finance, occupancy and telecommunications.	44,500
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	\$356,000 Salaries + 25% benefits for 6.5 FTE)/avg salary \$54,800 = \$445,000 .5 FTE Director (oversight, presentation, sustainability) 1.0 FTE Program Manager (.33 functional performance/.67 supervision) 4.0 FTE Caregiver Support Team (100% of effort) 1.0 FTE Database/Resource curation and Reporting 1.0 FTE Community Engagement and Outreach across multiple counties	445,000
Expense/Equipment/Travel/Supplies/Other	Equipment purchase and maintenance) @ \$1,200 per FTE = 6.5 x \$1,200= \$7,800 Marketing materials \$2,000 Travel 1068.7 miles @ \$.655 = \$700	10,500
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		



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Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

One in five adults are now unpaid caregivers for parents, family members, and other adult loved ones. Caregivers are often stressed and isolated and at high risk for suicide and suicidal ideation. Caregiver mental health is adversely affected and worsens over time, with 40% of caregivers feeling highly stressed and 21% feeling alone. Caregivers experience grief, depression, anxiety, isolation, and exhaustion. Physical health is also impacted, with caregivers more likely to rate their health as fair/poor, skip their own health needs to prioritize others, and be deprived of sleep. The caregiver program will improve the mental and physical health of caregivers and those they are caring for, enable older adults to remain in their homes, reduce the number of older adults who enter nursing homes, enable caregivers to remain healthy and able to continue caregiving activities, and reduce the negative impact on caregiver emotional and physical health.

b. What activities and services will be provided to meet the intended purpose of these funds?

211 Broward will provide crisis intervention and support for adults who are caring for other adults, including suicide prevention, care coordination, assessment, information, advocacy, service linkages, personalized support, and supportive follow up for caregivers in the following counties: Broward, Alachua, Bradford, Dixie, Gilchrist, Lafayette, Levy, and Union. The program will offer a network of resources and support for caregivers and will also expand community partnerships to grow the network of available referrals and services for caregivers and those in need of care.

c. What direct services will be provided to citizens by the appropriation project?

Specialists will assess caregiver health and well being and will help caregivers navigate and access support services, create a caregiver plan, directly link caregivers with referrals via "warm" advocacy calls, and provide emotional support. When appropriate, free, daily safety and reassurance calls will be made to those being cared for, enabling them to live independently in their homes as long as possible and reducing the number of program participants entering nursing homes. The program will create a network of resources and support for caregivers, improve self care and financial stability, reduce stress, prevent suicide, and reduce negative impacts to caregiver emotional and physical health.

d. Who is the target population served by this project? How many individuals are expected to be served?

This project will target adult caregivers, elderly persons, persons with poor mental health, persons with poor physical health, adults who are developmentally disabled, and adults who are physically disabled. It is projected that a minimum of 401 persons will be served annually.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

60% of respondents (Caregivers) will report an improvement in their physical health. Measure: Self report and survey of Caregivers supported.
 70% of respondents (Caregivers) will report an improvement in their mental health. Measure: Self report and survey of Caregivers supported.
 Cost Saving/Peace of Mind: Reduction in strain on system due to Caregiver shortage and reliance on nursing facilities; Maintain independence.
 Measure: # of Caregivers (% of total served) who provided 100% of support in home, and # of Touchline participants who remained in their homes.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

If program services are not delivered within the agreed upon timeframe, the disbursed funding will be returned to the state by the organization.

15. Requester Contact Information

a. First Name Last Name



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b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number