



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Elder Care Services - Program of All Inclusive Care for the Elderly

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 11/15/2017

4. **Project/Program Description:**

To build a new Day Care based facility designed to provide comprehensive care to seniors on Medicaid and Medicare and private pay as well

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Elder Affairs

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	500,000	500,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	500,000	10.0%
Other	4,000,000	80.0%
TOTAL	4,500,000	90.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 5,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

Keeping seniors safe in their homes and delaying or completely avoiding nursing home placement

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

Adult Day Care Services to include case management for each participant for the following services - meals, therapies, healthcare, dentistry, medication distribution and management, mental health and in-home services

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	New facility	500,000
TOTAL		500,000

d. What are the direct services to be provided to citizens by the appropriations project?

Adult Day Care Services to include case management for each participant for the following services - meals, therapies, healthcare, dentistry, medication distribution and management, mental health and in-home services

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

Seniors age 60 and above, with an initial target of 800

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

Aging in place and avoiding nursing home placement. % of clients requiring nursing home care

g. 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 in the contract?

None

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Elder Care Services, a private 501(c)(3)

13. Requestor Contact Information:

- a. **Name:** Mark Baldino
- b. **Organization:** President and CEO, Elder Care Services Inc.
- c. **Email:** mbaldino@comcast.net
- d. **Phone Number:** (850)245-5930

14. Recipient Contact Information:

- a. **Organization:** President and CEO, Elder Care Services Inc.
- b. **County:** Leon
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)



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- d. Contact Name:** Mark Baldino
- e. E-mail Address:** mbaldino@comcast.net
- f. Phone Number:** (850)245-5930

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name:** Larry Overton
- b. Firm:** Larry J. Overton and Associates
- c. Email:** loverton@loverton.net
- d. Phone Number:** (850)224-2859