1. **Title of Project:** SELF RELIANCE - HOME MODIFICATION FOR ELDERS PROGRAM

2. **Senate Sponsor:** Kelli Stargel

3. **Date of Submission:** 01/03/2018

4. **Project/Program Description:**
   Provision of major home modifications and repairs to prevent premature admission to nursing homes.

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:**

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>400,000</td>
<td></td>
<td>400,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 400,000

9. **Previous Year Funding Details:**
   
   a. Has funding been provided in a previous state budget for this activity?  **Yes**
   
   b. In the previous 5 fiscal years, how many years was funding provided? (Optional)  **1**
   
   c. What is the most recent fiscal year the project was funded?  **2017-18**
   
   d. Were the funds provided in the most recent fiscal year subsequently vetoed?  **No**
   
   e. Complete the following Worksheet.
10. Is future-year funding likely to be requested?
   Yes
   a. If yes, indicate non-recurring amount per year.
      $400,000

11. Program Performance:
   a. What is the specific purpose or goal that will be achieved by the funds requested?
      To reduce the number of low-income seniors with disabilities to be admitted to Florida nursing homes.
   b. What are the activities and services that will be provided to meet the intended purpose of these funds?
      Home repair and modification services to allow disabled seniors to continue living in their home.
   c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administrative Costs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Executive Director/Project Head Salary and Benefits</td>
<td>Wages and benefits for the Executive</td>
<td>30,360</td>
</tr>
<tr>
<td>☐ Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Expense/Equipment/Travel/Supplies/Other</td>
<td>Administrative overhead costs such as audit, office space, etc.</td>
<td>7,500</td>
</tr>
<tr>
<td>☐ Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operational Costs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Salary and Benefits</td>
<td>One FTE Coordinator</td>
<td>36,140</td>
</tr>
</tbody>
</table>
**The Florida Senate**

Local Funding Initiative Request - Fiscal Year 2018-2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Expense/Equipment/Travel/Supplies/Other</td>
<td>Support expenses such as mileage, phone, tech, insurance</td>
<td>8,250</td>
</tr>
<tr>
<td>☑ Consultants/Contracted Services/Study</td>
<td>Direct costs for home accessibility and repair</td>
<td>317,750</td>
</tr>
<tr>
<td>Fixed Capital Construction/Major Renovation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Construction/Renovation/Land/Planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engineering</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>400,000</td>
</tr>
</tbody>
</table>

d. What are the direct services to be provided to citizens by the appropriations project?
   
   Home repair and modification services

e. Who is the target population served by this project? How many individuals are expected to be served?
   
   Low-income seniors with disability in Hillsborough County

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   
   Number of homes repaired or modified to allow low-income seniors with disability to reside at home.

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.
   
   N/A

13. Requestor Contact Information:
   
a. Name: Finn Kavanagh
   
b. Organization: Self Reliance, Inc.
   
c. Email: fkavanagh@self-reliance.org
   
d. Phone Number: (813)375-3965

14. Recipient Contact Information:
   
   
b. County: Hillsborough
   
c. Organization Type:
      O For Profit
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

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

d. Contact Name: Finn Kavanagh
e. E-mail Address: fkavanagh@self-reliance.org
f. Phone Number: (813)375-3965

15. If there is a registered lobbyist, fill out the lobbyist information below.
a. Name: Georgia KcKeown
b. Firm: McKeown & Associates
c. Email: georgia@gamckeown.com
d. Phone Number: (904)303-1611