



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1612

1. **Title of Project:** Little Havana Activities and Nutrition Center - Adult Day Care

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 02/11/2019

4. **Project/Program Description:**

Funds requested will be used to provide adult day care services to frail individuals 60 years of age or older who have or do not have a caregiver at any of the adult day care centers Little Havana Activities & Nutrition Centers owns and operates. The funds requested will provide 106,044 units of services to 120 unduplicated clients.

5. **State Agency to receive requested funds :** Department of Elder Affairs

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	
Total State Funds Requested	1,000,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	1,000,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	1,000,000	100.0%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		700,000	397	No

9. **Is future-year funding likely to be requested?** Yes

a. If yes, indicate non-recurring amount per year. \$1,000,000

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
Administrative Costs:		



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Executive Director/Project Head Salary and Benefits	Salaries and benefits for the program administrator that oversees the program.	55,500
Other Salary and Benefits	Salaries and benefits for the program accounting staff assigned to this program.	25,750
Expense/Equipment/Travel/Supplies/Other	Office supplies and copy machine lease.	15,000
Consultants/Contracted Services/Study	Percentage of Uniform Guidance Audit fees.	7,000
Operational Costs:		
Salary and Benefits	Salaries and benefits of program nurses, certified nurse assistants, and other personnel required to provide hands-on direct services to the program participants.	400,000
Expense/Equipment/Travel/Supplies/Other	Insurance on vehicles used to transport participants, rent, and adult day care center utilities.	345,700
Consultants/Contracted Services/Study	Meals and snacks for participants of the program, incontinent supplies, and recreational therapist.	151,050
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		1,000,000

11. Program Performance:

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

To provide adult day care services to frail individuals 60 years of age or older in a safe environment.

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

Adult Day Care.

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

Clients will receive adult day care services. This may include round-trip transportation, if necessary.

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

Frail, elderly persons 60 years of age or older. With the funds requested, LHANC will provide 106,044 units of services to 120 unduplicated clients.

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

Outcome: 1.) Percentage of family and family assisted caregivers who self-report they are very likely to provide care to their loved ones with this service. Measure: 63 percent of client's ADL/IDL score is maintained or improved. Method of Measuring Outcome: DOEA client assessment/re-assessment score comparison.

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 in the contract?



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Not funding the request a subsequent year.

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:** Rafael Iglesias
- b. **Organization:** Little Havana Activities & Nutrition Centers of Dade County, Inc.
- c. **E-mail Address:** RIglesias@LHANC.org
- d. **Phone Number:** (305)858-0887 Ext. 1274

14. Recipient Contact Information:

- a. **Organization:** Little Havana Activities & Nutrition Centers of Dade County, Inc.
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Betty Ruano
- e. **E-mail Address:** BRuano@Lhanc.org
- f. **Phone Number:** (785)234-6524

15. Lobbyist Contact Information

- a. **Name:** Andreina D. Figueroa
- b. **Firm Name:** ADF Consulting
- c. **E-mail Address:** ADF@ADFconsulting.com
- d. **Phone Number:** (786)586-7001