



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2019

1. Title of Project: Alzheimer's Project, Inc.

2. Senate Sponsor: Bill Montford

3. Date of Submission: 02/22/2019

4. Project/Program Description:

Those caregiving and living with Alzheimer's or another Dementia need help now. There are few resources, if any, in our rural counties. This project will continue to expand services to support caregivers and their loved ones in Liberty, Calhoun, and Madison Counties and increase services in Leon, Jefferson, Taylor, Gadsden, Gulf, Wakulla, and Washington Counties through increased education and case management. The project will also add an additional social day respite site in Leon County and establish an additional respite site in Madison or Jackson County by January 2020.

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

State Agency Contacted? Yes

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

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 140,740 |
| Fixed Capital Outlay | |
| Total State Funds Requested | 140,740 |

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) | 140,740 | 62.35% |
| Federal | 0 | 0.00% |
| State (excluding the amount of this request) | 0 | 0.00% |
| Local | 25,000 | 11.07% |
| Other | 60,000 | 26.58% |
| Total Project Costs for Fiscal Year 2019-2020 | 225,740 | 100.0% |

8. Has this project previously received state funding? Yes

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | NonRecurring | | |
| 2017-18 | | 150,000 | 391 | No |

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

a. If yes, indicate non-recurring amount per year. \$140,740



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

| Spending Category | Description | Amount |
|--|---|----------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | |
| Other Salary and Benefits | | |
| Expense/Equipment/Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |
| Operational Costs: | | |
| Salary and Benefits | 2 FTE to provide assessments, direct service delivery and coordination, and collaboration for expansion of services | 95,534 |
| Expense/Equipment/Travel/Supplies/Other | 4 Dealing with Dementia Classes - Books@ \$40 each= \$3200; Powerful Tools for Caregivers Classes - Books \$30 each = \$2400; Mileage to homes and educational sites = \$9500; Printing of activity sheets, flyer's for advertising = \$2500; Supplies & Mailings = \$2500; Lap top computers = \$2016; Cell phones = \$2665; and Social Respite Supplies = \$850 | 25,631 |
| Consultants/Contracted Services/Study | Social Respite Coordinator \$6120; Leon Certified Nursing Assistant \$6930; Leon additional site in Madison or Jackson: 6 months beginning January 2020: Social Respite coordinator \$3060; Certified Nursing Assistant \$3465 | 19,575 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | |
| Total State Funds Requested (must equal total from question #6) | | 140,740 |

11. Program Performance:

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

To increase awareness about the disease, seek diagnosis earlier, support the caregiver with tools and information to reduce stress of caregiving and to take care of their own physical and mental health, and to delay costly institutionalization.

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

Assessments, care planning, case management, counseling support groups, crisis counseling, information and referral, referrals to social day respite, Powerful Tools and Dealing with Dementia Classes, and Alzheimer's Project Education Series. In addition, securing location for another respite in Leon County and community organizing to develop a respite in another county.

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

Client assessments, care planning, support groups, crisis counseling, information and referral, day respite, Alzheimer's Project Education Series, Powerful Tools for Caregivers classes, and Dealing with Dementia classes.



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

Familial caregivers and those living with dementia. Anticipate serving 200-400 individuals.

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

Increase knowledge of resources available; Increase in caregiver attention to physical health and well-being; Increase knowledge in how to respond to client needs; Increase socialization for loved one; Caregiver Surveys, and pre- and post-test from educational classes or seminars.

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?

Organization is currently meeting deliverables and does not foresee this changing.

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:** Debbie Moroney
- b. **Organization:** Alzheimer's Project, Inc.
- c. **E-mail Address:** debbie@alzheimersproject.org
- d. **Phone Number:** (850)386-2778

14. Recipient Contact Information:

- a. **Organization:** Alzheimer's Project, Inc.
- b. **County:** Statewide
- 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:** Debbie Moroney
- e. **E-mail Address:** debbie@alzheimersproject.org
- f. **Phone Number:** (850)386-2778

15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None



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c. E-mail Address:

d. Phone Number: