



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1072

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The City of Lauderdale Lakes is seeking a continuation of funding to expand services at the Lauderdale Lakes Alzheimer's Care Center and to serve the increasing supply of average income seniors that are in critical need of Services within Broward County. The City's program provides therapeutic activities for cognitively impaired adults in a reassuring and safe environment. Currently, over 45,000 Broward County residents have Alzheimer's disease. Continuing to fund the program would respond to the need to serve people with early onset Alzheimer's disease and their caregivers with quality programs and services as well as serve to avoid premature, costly nursing home placement. The expansion of the Alzheimer's Care Center services will assist in providing resources for respite care and caregiver coordination for individuals disproportionately burdened by Alzheimer's disease. The methodology to measure the outcome is the increase in resources, respite, and caregiver services.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="249,999"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	249,999

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="249999"/>	<input style="width: 80%;" type="text" value="50.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="249,999"/>	<input style="width: 80%;" type="text" value="50"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	499,998	100 %

8. **Has this project previously received state funding?** Yes No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="250,000"/>	<input style="width: 80%;" type="text" value="395"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?** Yes No
- If yes, indicate nonrecurring amount per year.



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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: Other		
Salary and Benefits	3 part time certified nursing assistants to oversee respite care needs of persons with Alzheimer's disease. 1 part time activities/recreation assistant to coordinate activities. Part time case aide to assist with care-plan needs of person with Alzheimer's disease and the caregivers.	95,000
Expense/Equipment/Travel/Supplies/Other	Activities supplies for programs such as art, music, horticulture, fitness, and other programs. Social outing expenses for persons with Alzheimer's disease to include admission and travel expenses.	45,999
Consultants/Contracted Services/Study	Therapeutic Activities Instructor such as art, music, horticulture, cultural arts and other therapeutic programs. Professional/licensed counseling services for caregivers and persons with Alzheimer's disease. Education and training for caregivers. Crisis or Emergency In-Home Respite Care for the person with Alzheimer's disease.	109,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		249,999



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11. Program Performance

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

Improve physical health

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

The City of Lauderdale Lakes will provide respite and caregiver services to enhance quality of life for individuals that have early signs of Dementia or the Alzheimer's Disease along with serving their caregivers.

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

Expanded respite care and caregiver support coordination/counseling will be open to individuals with early signs of Dementia and the Alzheimer's Disease along with their caregiver.

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

Our target population is the general public. This will improve the quality of life to a family as a whole. Our location is expected to serve 50 people.

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

Utilization of the program for in facility respite services will decrease the need for nursing home placement and thus enhance the physical health of a client showing early signs of Dementia.

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?

N/A



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12. 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.

N/A

13. Requestor Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. 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

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.