2. Project Title  
Alzheimer's Project, Inc.

3. Senate Sponsor  
Bill Montford

4. Date of Request  
10/21/2019

4. Project/Program Description  
Those caregiving and living with Alzheimer's or another Dementia need help now. There are few resources other than the Alzheimer's Project and several nursing home facilities serving the rural counties in the Big Bend Region - Liberty, Calhoun, Madison, Washington, Jackson, Gulf, Franklin, Wakulla, Gadsden, Jefferson, and Taylor. Through legislative support, Alzheimer's Program has continued to build support for individuals in the rural areas through increased case management, support groups and education. Facility respite is offered in Jackson, Gulf, Wakulla, Gadsden and Leon. Trust is a big issue in these counties and funding of these services will assist people in being diagnosed earlier, create plans for care at an earlier stage promoting aging in place and delay costly institutionalization. Expand to include in Leon County the Integrated Memory Enhancement program for those early diagnosed or early stage to slow the progression of the disease through a research based curriculum.

5. State Agency to receive requested funds  
Department of Elder Affairs  
State Agency contacted?  
○ Yes  ○ No

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>200,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>000</td>
</tr>
<tr>
<td>Total State Funds Requested</td>
<td>200,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>200000</td>
<td>67.0 %</td>
</tr>
<tr>
<td>Matching Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>20,000</td>
<td>7 %</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>55,000</td>
<td>19 %</td>
</tr>
<tr>
<td>Local</td>
<td>20,000</td>
<td>7 %</td>
</tr>
<tr>
<td>Other</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td>Total Project Costs for Fiscal Year 2020-2021</td>
<td>295,000</td>
<td>100 %</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Recurring</th>
<th>Nonrecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-20</td>
<td>00</td>
<td>100,000</td>
<td>395</td>
<td>No</td>
</tr>
</tbody>
</table>

9. Is future-year funding likely to be requested?  
○ Yes  ○ No
If yes, indicate nonrecurring amount per year.  
170,000
10. Details on how the requested state funds will 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></td>
<td></td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operational Costs: Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td>3.5 FTE to provide direct service delivery and coordination, recruit and train volunteers, and collaborate to maximize services in each area. Implement the Integrated Memory Enhancement Program for early diagnosed.</td>
<td>123,347</td>
</tr>
</tbody>
</table>
| Expense/Equipment/Travel/Supplies/Other   | 4 Dealing with Dementia Classes - Books $40 each = $3200  
Powerful Tools for Caregivers Classes - Books $30.00 each $2400  
Mileage to homes and educational sites = $9500  
Printing of activity sheets, flyer’s for advertising $2500  
Supplies & Mailings $2500  
Laptop computers $985 | 36,783   |
| Consultants/Contracted Services/Study     | Respite Coordinator $6120  Leon  
Certified Nursing Assistant $6930  Leon  
Respite coordinator $6120  Jackson  
Certified Nursing Assistant $6930  Jackson  
2 Integrated Memory Enhancement Facilitators $13,770 | 39,870   |
| **Fixed Capital Construction/Major Renovation:** |                                                                                                                                                                                                             |          |
| Construction/Renovation/Land/Planning/Engineering |                                                                                                                                                                                                             |          |
| **Total State Funds Requested (must equal total from question #6)** |                                                                                                                                                                                                             | 200,000  |
11. **Program Performance**

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

To increase awareness about the disease, seek diagnosis earlier, to 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 activities and services 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, Alzheimer's Project Education Series. Implementation of the Memory Enhancement Program for those diagnosed early or with early onset.

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

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

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. Expect to serve 150-200 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.  
Periodic assessment of memory for Integrated Memory Enhancement Participants

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 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: Debbie  
   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. Municipality and County: Statewide  
   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: Debbie  
   e. E-mail Address: debbie@alzheimersproject.org  
   f. Phone Number: (850)3862778

15. **Lobbyist Contact Information**
   a. Name: None  
   b. Firm Name: None  
   c. E-mail Address:  
   d. Phone Number: Ext.