



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1904

1. **Project Title** CARES One Stop Senior Center in Dade City

2. **Senate Sponsor** Wilton Simpson

3. **Date of Request** 12/19/2019

4. **Project/Program Description**

New Construction for Community Aging & Retirement Services, Inc., dba CARES "One Stop Senior Center" in Dade City, East Pasco County.

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**

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	750,000
Total State Funds Requested	750,000

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)	750000	75.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	250,000	25 %
Total Project Costs for Fiscal Year 2020-2021	1,000,000	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		

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		<input style="width: 90%;" type="text"/>
Other Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
Operational Costs: Other		
Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	New Construction of a 6,000sf facility in Dade City, East Pasco County.	<input style="width: 90%;" type="text" value="750,000"/>
Total State Funds Requested (must equal total from question #6)		750,000



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11. Program Performance

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

CARES anticipates to build a 6,000sf "One Stop Senior Center" in the Dade City-East Pasco County to promote quality of life and independence for frail and vulnerable seniors and their families.

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

A safe environment where the lives of senior residents and their caregivers/families of East Pasco will be enriched by the existence of a "One Stop Senior Center" geared to assist seniors and their families with a center where they can obtain information and be able to participate in multiple programs currently offered by CARES such as: social and recreational activities, fitness and exercises, education, health and wellness programs, art and cultural activities, musical entertainment, early memory loss programs, mental stimulation games.

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

There will be a variety of offerings, such as; social, recreational, wellness, computer learning, physical and mental health, community and family affairs to decrease loneliness and isolation. Seniors will benefit from direct care at the Adult Day Care facility where they will enjoy a caring and stimulating environment that inspires positive feeling of dignity and confidence. In-Facility respite care will assist all participants with physical, medical or memory challenges that may diminish their independence. Caregivers and families will enjoy peace of mind, knowing that their loved one is receiving excellent care in a pleasant, safe and engaging atmosphere. Other direct services will include: supervision of seniors with memory impairments, medication monitoring by a registered nurse, free breakfast, lunch and snacks, health screenings, access to resources and support groups.

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

The target population served will be 60 years of age and up and 18+ for those young adults with a diagnosis of Alzheimer's Disease. CARES is currently serving 436 frail seniors who receive in-home and in-facility care services in the Dade City Area. CARES anticipates adding another 200 participants on an annual basis to the different programs offers by CARES through State, Federal and Local funded programs. According to the Florida Department of Elder Affairs there are 3,000+ frail and vulnerable seniors waiting for in-home and in-facility services in Pasco County.

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

Improve health and wellness of East Pasco citizens through programs and services, such as adult daycare, community/family affairs, mental and physical health. Improved behavior, mood and quality of life of participants and their caregiver/family. Improved functional ability through therapeutic and meaningful activities. Improved or stabilized medical conditions and cognitive functioning. Increased socialization, dignity and self esteem. Decreased loneliness and isolation. Increased access to services and information. Planned nutrition to promote healthy living. Reduced crisis episodes at the emergency room by preventive monitoring and intervention. Decreased disabilities caused by inactivity and provide caregiver relief for time to work, or relax and peace of mind that their loved one is being safely cared for.

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?

Loss of Funding.



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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.**

Community Aging & Retirement Services, Inc. (CARES)

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.