



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Little Havana Activities & Nutrition Centers – Adult Day Care

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 11/15/2017

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 140,269 units of services to 110 unduplicated clients.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Elder Affairs

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
1,213,335		1,213,335

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	294,950	15.6%
State (excluding the amount of this request)	0	0.0%
Local	382,750	20.2%
Other	0	0.0%
TOTAL	677,700	35.8 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,891,035

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 4

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		1,200,000	1,200,000

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

\$1,213,335

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?

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c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Salaries and benefits for the program administrator that oversees the program.	67,420
<input checked="" type="checkbox"/> Other Salary and Benefits	Salaries and benefits for the program accounting staff assigned to this program.	31,250
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Office supplies, copy machine lease	15,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Percentage of Uniform	7,000



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	Guidance Audit fees	
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Salaries and benefits of program nurses, certified nurse assistants, and other personnel required to provide hands-on services to the program participants.	502,330
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Insurance on vehicles used to transport participants, rent, adult day care center utilities and maintenance & repairs on adult day care centers and vehicles transporting participants.	454,140
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Meals and snacks for participants of the program, incontinent supplies and recreational therapist.	136,195
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,213,335

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

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e. 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

f. 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.



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- g. 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?

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. Email: Rliglesias@Lhanc.org
- d. Phone Number: (305)858-0887 Ext. 1274

14. Recipient Contact Information:

- a. Organization: Little Havana Activities & Nutrition Centers of Dade County,
- 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: (305)858-0887 Ext. 1274

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Andreina Figueroa
- b. Firm: ADF Consulting
- c. Email: ADF@ADFConsulting.com
- d. Phone Number: (786)586-7001