1. **Title of Project**: Little Havana Activities and Nutrition Center - Adult Day Care

2. **Senate Sponsor**: Anitere Flores

3. **Date of Submission**: 02/11/2019

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 106,044 units of services to 120 unduplicated clients.

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

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
</tbody>
</table>

   **Total State Funds Requested**: 1,000,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>1,000,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

   **Total Project Costs for Fiscal Year 2019-2020**: 1,000,000 100.0%

8. **Has this project previously received state funding?** Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Repeating Amount</th>
<th>Specific Appropriation</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td>700,000</td>
<td>397</td>
<td>No</td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?** Yes
   a. If yes, indicate non-recurring amount per year. $1,000,000

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

    | Spending Category | Description | Amount |
    |-------------------|-------------|--------|
    | Administrative Costs: |           |        |
Executive Director/Project Head Salary and Benefits | Salaries and benefits for the program administrator that oversees the program. | 55,500
--- | --- | ---
Other Salary and Benefits | Salaries and benefits for the program accounting staff assigned to this program. | 25,750
Expense/Equipment/Travel/Supplies/Other | Office supplies and copy machine lease. | 15,000
Consultants/Contracted Services/Study | Percentage of Uniform Guidance Audit fees. | 7,000

**Operational Costs:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary and Benefits</td>
<td>Salaries and benefits of program nurses, certified nurse assistants, and other personnel required to provide hands-on direct services to the program participants.</td>
<td>400,000</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>Insurance on vehicles used to transport participants, rent, and adult day care center utilities.</td>
<td>345,700</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>Meals and snacks for participants of the program, incontinent supplies, and recreational therapist.</td>
<td>151,050</td>
</tr>
</tbody>
</table>

**Fixed Capital Construction/Major Renovation:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td></td>
</tr>
</tbody>
</table>

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**Total State Funds Requested (must equal total from question #6)** | 1,000,000 |

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**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?**
   
   Adult Day Care.

c. **What are the direct services to be provided to citizens by the appropriations project?**
   
   Clients will receive adult day care services. This may include round-trip transportation, if necessary.

d. **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. With the funds requested, LHANC will provide 106,044 units of services to 120 unduplicated clients.

e. **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.

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?**
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
   c. E-mail Address: RIglesias@LHANC.org
   d. Phone Number: (305)858-0887 Ext. 1274

14. Recipient Contact Information:
   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: (785)234-6524

15. Lobbyist Contact Information
   a. Name: Andreina D. Figueroa
   b. Firm Name: ADF Consulting
   c. E-mail Address: ADF@ADFconsulting.com
   d. Phone Number: (786)586-7001