



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1739

1. Title of Project: Lauderdale Lakes Alzheimer's Care Center Services

2. Senate Sponsor: Perry Thurston

3. Date of Submission: 02/04/2019

4. Project/Program Description:

The City of Lauderdale Lakes is seeking 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. Funding the expanded program would respond to the critical need to serve people with early onset Alzheimer's disease with quality programs and services as well as serve to avoid premature and costly nursing home placement. The expansion of the Alzheimer's Care Center services will assist in providing resources for unmet demands for medical care, 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 : Department of Elder Affairs

State Agency Contacted? No

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

Type of Funding	Amount
Operations	100,000
Fixed Capital Outlay	
Total State Funds Requested	100,000

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

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	100,000	50.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	100,000	50.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	200,000	100.0%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. Is future-year funding likely to be requested? No



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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:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	The City of Lauderdale Lakes Alzheimer Care Center would expand respite care and medical care services for individuals diagnosed with early onset dementia or the Alzheimer's Disease.	100,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		100,000

11. Program Performance:

- a. **What is the specific purpose or goal that will be achieved by the funds requested?**
Improve physical health.
- b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
The City of Lauderdale Lakes will provide medical care services and respite services to enhance quality of life for individuals that have early signs of Dementia or Alzheimer's Disease.
- c. **What are the direct services to be provided to citizens by the appropriations project?**
Expanded medical care, respite care, and caregiver support coordination will be open to individuals with early signs of Dementia and Alzheimer's Disease.
- 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 200+ individuals.
- e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
Various medical tests can be used to measure the improvement in 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?**



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None.

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:** Phil Alleyne
- b. **Organization:** City of Lauderdale Lakes
- c. **E-mail Address:** palleyne@lauderdalelakes.org
- d. **Phone Number:** (954)535-2740

14. Recipient Contact Information:

- a. **Organization:** City of Lauderdale Lakes
- b. **County:** Broward
- 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:** Peggy Castano
- e. **E-mail Address:** peggyc@lauderdalelakes.org
- f. **Phone Number:** (954)535-2717

15. Lobbyist Contact Information

- a. **Name:** Ronald L. Book
- b. **Firm Name:** Ronald L. Book PA
- c. **E-mail Address:** ron@rlbookpa.com
- d. **Phone Number:** (305)935-1866