



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1340

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

A community based service center that will provide community care support services for the elderly and their caregivers. It will provide the PEARLS program- an evidenced based program, mental wellness, depression prevention program. It will also provide case management to link the elders with healthcare and other resources needed to help them remain healthy, safe and independent. A regimen of daily activities are provided to improve socialization skills.

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

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

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="450,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>450,000</b>

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)	<input style="width: 80%;" type="text" value="450,000"/>	<input style="width: 80%;" type="text" value="97.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="15,000"/>	<input style="width: 80%;" type="text" value="3"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>465,000</b>	<b>100</b> %

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		
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Oversight of program administrative, education, health and community support program.	56,500
Other Salary and Benefits	Clerical support, data collection/ input, order supplies, etc., travel, computers, printing, schedule appointments, transportation, etc.	14,102
Expense/Equipment/Travel/Supplies/Other	Office supplies, travel (lease vehicle) computer, printer.	6,000
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits	Direct service staff implementing the service with clients and their families.	261,118
Expense/Equipment/Travel/Supplies/Other	Vehicle lease, furniture, activities and educational, supplies, travel to and from program and weekend activities, food, and facility maintenance.	112,280
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>450,000</b>



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#### 11. Program Performance

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

Provide a community based service to empower seniors and their caregivers to live active healthy lives to improve their mental and physical health status through provision of culturally and linguistically appropriate care for low income, minority populations in distressed communities.

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

Community Care for Elderly (CCE); Home & Community Based Services (HCBS); Dementia; Disability; Support Group.

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

Education and Training; Targeted Outreach; Support Groups; Exercises; Art, Music; Health Screenings; Information and Referrals; Transportation; Case Management; PEARLS - Evidence-Based Elder Mental Wellness/Depression Prevention Program; Shopping Assistance.

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

Elderly persons at risk or with poor mental and physical health who are economically disadvantaged.

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

-Improve physical health. -Greater health related quality of life improvement in both functional and emotional well being. -Lower hospital rates. -Pre and post scale for measurement of functional and emotional well being. -Pre and post hospitalization frequency. -Improve mental health. -Pre and Post depression scale. -Enrich cultural experience. -Pre and post socialization skills. -Anticipation in social/cultural activities.

- 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?

No suggestion at this time. The contracting agency's standard penalties will suffice.



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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.**

N/A

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.