

LFIR # 1918

	Decined beach Alzhei	imers Da	y Care Center/N	E Foc	al Point	
Senate Sponsor	Ed Hooper					
Date of Request	12/18/2019					
Project/Program	Doscription					
The City of Deerfield E Campus as the Cente individuals and groups forms of dementia. Th activities and program their health and well-b	Beach's N.E. Focal Point Alzher for Active Aging and Preschot, and case management service program purpose is to provious for individuals with Alzheimeeing while caring for their love ivers to work and contribute to	ool. The Da ices for fam de respite s er's disease ed ones in th	y Care Center provid nilies who are caring ervices for caregiver . Also, providing sup neir homes and avoid	les in-fa for a loves along portives ding or d	ncility respite, ca yed one with Al with mentally a services to ass delaying prema	aregiver training and sup Izheimer's disease and cand physically stimulatin sist the caregivers in mai ature institutionalization,
	receive requested fund	ds Depa	artment of Elder	Affairs	<b>,</b>	
State Agency conf	acted? • Yes	No				
Amount of the No	onrecurring Request for	or Fiscal	Year 2020-2021			
Type of Funding	g		Amount			
Operations			195,	150		
- 1						
Fixed Capital Ou	ıtlay			000		
•	•			000		
Fixed Capital Ou  Total State Fun  Total Project Cos	ds Requested t for Fiscal Year 2020-	-2021 (inc	195,	000 150 ng fun		
Fixed Capital Ou  Total State Fun  Total Project Cos  Type of Funding	ds Requested t for Fiscal Year 2020-		195, cluding matchir Amount	000 150 ng fun	Percentage	9
Fixed Capital Ou  Total State Fun  Total Project Cos  Type of Funding  Total State Fund	ds Requested  t for Fiscal Year 2020-  g s Requested (from ques		195,	000 150 ng fun		9
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Fixed Capital Ou  Total State Fun  Total Project Cos  Type of Funding  Total State Fund  Matching Funds  Federal	ds Requested  t for Fiscal Year 2020-  g s Requested (from ques	stion #6)	195, cluding matchir Amount	000 150 ng fun	Percentage 20.0 %	9
Fixed Capital Ou  Total State Fun  Total Project Cos  Type of Funding  Total State Fund  Matching Funds  Federal	ds Requested  t for Fiscal Year 2020-  g s Requested (from ques	stion #6)	195, cluding matchir Amount	000 150 ng fun 150 00	Percentage 20.0 %	
Fixed Capital Ou  Total State Fun  Total Project Cos  Type of Funding  Total State Fund  Matching Funds  Federal  State (excluding	ds Requested  t for Fiscal Year 2020-  g s Requested (from ques	stion #6)	195, cluding matchir Amount 195	000 150 ng fun 150 00	Percentage 20.0 %	
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Fixed Capital Ou  Total State Fun  Total Project Cos  Type of Funding  Total State Fund  Matching Funds  Federal  State (excluding  Local  Other  Total Project Co  Has this project p  If yes, provide the	ds Requested  t for Fiscal Year 2020-  Requested (from quested)  the amount of this requested	est)  20-2021  ate fundi	195, cluding matchir Amount 195 790,	000   150   150   150   150   150   150   1526   1526   1576   15	Percentage 20.0 %  0 % 0 % 80 % 100 %	
Fixed Capital Ou  Total State Fun  Total Project Cos  Type of Funding  Total State Fund  Matching Funds  Federal  State (excluding  Local  Other  Total Project Co  Has this project p  If yes, provide the	ds Requested  t for Fiscal Year 2020- g s Requested (from quests the amount of this requests  osts for Fiscal Year 2020- previously received start most recent instance:	est)  20-2021  ate fundi	195, cluding matchir Amount 195 790,	000   150   150   150   150   150   150   1526   1526   1576   15	Percentage 20.0 %  0 %  80 %  100 %  fic tion # Vetor	

195,150

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	Project Director	10,000
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits	Day Care Nurse, Case Manager, Recreation Coordinator, and Certified Nursing Assistants	180,150
Expense/Equipment/ Travel/Supplies/Other	Medical and health supplies, recreational and programming supplies, travel and training, lease of copier and security equipment.	5,000
Consultants/Contracted Services/Study		
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning		
Engineering		
Total State Funds Re	equested (must equal total from question #6)	195,150



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#### **Program Performance**

а.	What specific purpose or goal will be achieved by the funds requested?						
	The specific purpose and goal of the funding will be to provide family caregivers with in-facility respite day care, case management, and caregiver						
	training and support services in caring for their loved ones with Alzheimer's disease. Day care services are provided Monday through Friday from 7:30						

am - 5:30 pm. Funding for the day care services will allow family members to work and provide positive and stimulating activities and programs for

	individuals with Alzheimer's disease. Thereby, reducing and delaying premature institutionalization, which is more costly.
b.	What activities and services will be provided to meet the intended purpose of these funds?
	The activities and services will include respite (relief) day care, case management, and caregiver educational training and support programs to assist in coping with and decreasing the burden of caring for a loved one with dementia, Alzheimer's disease, and memory loss disorders. Nursing, social services and recreation services will be provided to maintain and improve the physical health and well-being of both the caregiver and client.
c.	What direct services will be provided to citizens by the appropriation project?
	The direct services will include in-facility respite day care, case management, caregiver training and support services.
	Who is the target population served by this project? How many individuals are expected to be served?
	The target population is for individuals 18 years old and older who reside in Broward County who have been diagnosed with some form of dementia, Alzheimer's disease, and memory loss disorders. We are anticipating serving at least 30 caregivers and 30 clients for a total of 60 individuals due to

the increasing aging population and the number of individuals being diagnosed with dementia and memory loss.

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

The expected benefit and outcome of this project is for the clients to receive both physically and mentally stimulating activities and programs in a loving and nurturing environment by improving their quality of life. These services allow caregivers to be able to continue to work in knowing their loved ones are in a safe and secure environment. The services decrease the caregivers' burdens and stress as they learn to cope with caring for their loved one and receive a break through the respite and caregiver training and support services. Regular communication with the caregivers, periodic satisfaction surveys, suggestion boxes, and length of stay, will determine if the intended outcomes have been met. Also, the Areawide Council on Aging of Broward County, Inc. implements the following reporting requirements: Client, services, fiscal, monitoring, and outcome measures reports. Scheduled and unscheduled follow-up on-site visits, client visits, and independent auditor's reports.

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?

A suggested penalty would be a decrease in funding if deliverables and performance measures are not met.		
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F	Requestor Contact	: Information				
6	a. First Name	David	Last Name	Santucci		
t	o. Organization	City of Deerfield Beach/NE Focal	Point Day Car	e CEnter		
c	c. E-mail Address	dsantucci@dfb.city				
(	d. Phone Number	(954)480-4263	Ext.			
F	Recipient Contact	Information				
6	a. Organization	City of Deerfield Beach/Northeas	t Focal Point			
k	b. Municipality and County Broward					
c. Organization Type						
For-profit Entity						
	O Non-Profit 501(c) (3)					
	O Non-Profit	501(c) (4)				
	Local Entity					
	O University of	Iniversity or College				
	Other (please specify)					
c	d. First Name	Donna	Last Name	DeFronzo		
e	e. E-mail Address	ddefronzo@dfb.city				
f	f. Phone Number	(954)4804453				
I	obbyist Contact Information					
;	a. Name	Melissa Akeson				
ı	b. Firm Name	Rubin Turnbull and Associates				
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