

LFIR # 2472

Date of Request	01/23/2020							
Project/Program	Description							
The elimination of phy placement in nursing h	sical barriers and imminent hon nome facilities.	ne deficiei	ncies for low-inc	ome senio	rs with disa	abilities,	preventing pr	ematur
State Agency cont		No	artment of Eld		rs .			
Amount of the No	onrecurring Request for	r Fiscal	Year 2020-2 Amoun					
Operations	9			375,000				
Fixed Capital Ou	ıtlav			000				
i mod odpital od	iliaj			000				
Total State Fun	ds Requested		3	375,000				
otal Project Cos	t for Fiscal Year 2020-2	2021 (inc	cluding mate	ching fu			for this pr	oject)
otal Project Cos	t for Fiscal Year 2020-2		cluding mate	ching fu	Percen		for this pr	oject)
Total Project Cos	t for Fiscal Year 2020-2 g s Requested (from quest		cluding mate	ching fu	Percen	tage	for this pr	oject)
Total Project Cos Type of Funding Total State Fund	t for Fiscal Year 2020-2 g s Requested (from quest		cluding mate	ching fu	Percen	tage	for this pr	oject)
Type of Funding Total State Fund Matching Funds Federal	t for Fiscal Year 2020-2 g s Requested (from quest	tion #6)	cluding mate	ching fu	Percen	tage	for this pr	oject)
Type of Funding Total State Fund Matching Funds Federal	t for Fiscal Year 2020-2 3 s Requested (from quest	tion #6)	cluding mate	00 00	Percen	tage 0 % 0 % 0 % 0 %	for this pr	oject)
Total Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other	t for Fiscal Year 2020-2  S Requested (from quest  the amount of this reques	st)	cluding mate	ching fu	Percent 100	0 % 0 % 0 % 0 % 0 %	for this pr	oject)
Total Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other	t for Fiscal Year 2020-2 3 s Requested (from quest	st)	Amoun	00 00	Percent 100	tage 0 % 0 % 0 % 0 %	for this pr	oject)
Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Co	t for Fiscal Year 2020-2  S Requested (from quest  the amount of this reques	st) 0-2021	Amoun	00 00 00 00 00 375,000	Percent 100	0 % 0 % 0 % 0 % 0 %	for this pr	oject)
Total Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Co	t for Fiscal Year 2020-2  S Requested (from quest  the amount of this reques  ests for Fiscal Year 2020  previously received state	st)  0-2021  te fundi	Amoun	00 00 00 00 00 375,000	Percen 100 100 100 No	0 % 0 % 0 % 0 % 0 %	1	oject)

375,000

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	Wages and benefits of Executive, financial and project leadership in providing oversight and direction for the project. Includes operational management, reporting, and financial management.	22,338
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other	Includes administrative overhead costs such as auditing, insurance, office space, computers, facilities costs, equipment maintenance costs and telephone technology expenses.	9,134
Consultants/Contracted Services/Study	Includes administrative expenses for contract management by Senior Connection Center (Area Agency on Aging).	18,750
Operational Costs: Oth	er	
Salary and Benefits	Costs for one full-time FTE to coordinate and oversee home modifications and repair projects. Includes employee benefits and taxes.	53,325
Expense/Equipment/ Travel/Supplies/Other	Costs associated with project coordinator activities and support expenses such as mileage reimbursement, phone service, technology costs, facilities costs, office, maintenance and auditing.	13,203
Consultants/Contracted Services/Study	Direct program costs associated with home accessibility and repair contracts.	258,250
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	equested (must equal total from question #6)	375,000



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P	rogram Performance
٧	Vhat specific purpose or goal will be achieved by the funds requested?
- 1	Self Reliance and its licensed contractor partners will complete modifications and imminent repairs to 25-50 homes owned by low- ncome seniors with disabilities.
V	Vhat activities and services will be provided to meet the intended purpose of these funds?
	Self Reliance will competitively bid construction projects on privately-owned homes to complete projects involving home modification and repair for low-income seniors with disabilities.
V	What direct services will be provided to citizens by the appropriation project?
C	Construction services to increase home accessibility, utility and safety.
V	Who is the target population served by this project? How many individuals are expected to be served?
L	ow-income seniors with disabilities. 25-50 households anticipated service.
V b	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
	The anticipated outcome of this project is the prevention of low-income seniors with disabilities from entering public-funded nursing nome facilities prematurely.
V	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?  Loss of funds for failure to meet the deliverables.



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N/A	Ą					
Rec	questor Contact	t Information				
a.	First Name	Finn	Last Name	Kavanagh	_	
b.	Organization	Self Reliance, Inc.				
C.	E-mail Address	fkavanagh@self-reliance.org				
d.	Phone Number	(813)375-3965	Ext. 102			
_						
	cipient Contact					
a. (	Organization	Self Reliance, Inc.		-		
b. I	Municipality and	County Hillsborough				
с. (	Organization Typ	pe				
(	For-profit E	ntity				
(	Non-Profit 5	501(c) (3)				
(	O Non-Profit 5	501(c) (4)				
(	Local Entity	•				
(	O University of	or College				
(	Other (plea	se specify)				
d. I	First Name	Finn	Last Name	Kavanagh		
e. E	E-mail Address f	kavanagh@self-reliance.org				
	Phone Number					
Lok	obbyist Contact Information					
a.	Name	Georgia McKeown				
b.	Firm Name	Johnson & Blanton				
	E-mail Address	georgia@teamjb.com				