



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2495

1. **Project Title** Home Modifications to Keep Seniors Safe in Their Homes2. **Senate Sponsor** Gayle Harrell3. **Date of Request** 01/22/20204. **Project/Program Description**

The requested funds will be allocated to 15 Centers for Independent Living serving all 67 counties in Florida to provide accessibility modifications for low-income Floridians aged 60 and over who are at risk of nursing home placement due to significant mobility impairments or disabilities. These modifications will enhance the safety, quality of life and well-being of vulnerable seniors by eliminating and mitigating barriers that impede their mobility and independence. By preventing unnecessary Medicaid-funded institutionalization, this program will result in savings of more than \$80,000 per person served per year.

5. **State Agency to receive requested funds** Department of Elder AffairsState Agency contacted? ☒ Yes ☐ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	3,000,000
Fixed Capital Outlay	000
Total State Funds Requested	3,000,000

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)	3000000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	3,000,000	100 %

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		
	00	00		

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ No

If yes, indicate nonrecurring amount per year. 3,000,000



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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		<input style="width: 100%;" type="text"/>
Other Salary and Benefits		<input style="width: 100%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 100%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 100%;" type="text"/>
Operational Costs: Other		
Salary and Benefits	Each of the 15 Centers for Independent Living will receive \$50,000 to employ trained staff to coordinate the home accessibility modification program by identifying eligible seniors and procuring necessary contract labor, equipment and materials.	750,000
Expense/Equipment/Travel/Supplies/Other	Centers for Independent Living will purchase materials and labor to provide home modifications for low-income seniors to make their homes accessible.	2,250,000
Consultants/Contracted Services/Study		<input style="width: 100%;" type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input style="width: 100%;" type="text"/>
Total State Funds Requested (must equal total from question #6)		3,000,000



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11. Program Performance

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

More low-income seniors who are at risk of self-injury or institutionalization because of mobility impairments or other disabilities will be able to remain in their homes and communities through the elimination and/or mitigation of access and ambulation barriers such as entry steps and narrow doorways that can't accommodate wheelchairs, inaccessible bathrooms and kitchen spaces and other modifications to ensure safety and well-being.

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

The funds will be used to perform accessibility modifications for low-income seniors. The work will consist of bathroom remodeling, grab bar installation, door widening, wheelchair access ramp construction and other changes necessary to allow seniors with mobility impairments to remain in their homes.

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

Low-income seniors with disabilities or mobility impairments will receive access ramps, grab bars, widened entry ways and other modifications to allow them to live safely in their homes. These services will reduce the risk of falling and keep them from being placed in a nursing home or other non-community setting.

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

Low-income seniors (ages 60 and over) with disabilities or mobility impairments. Approximately 30 people per Center for Independent Living (or 450 statewide) will be served by this project.

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

Accessibility modifications will reduce the risk of falls and other injuries among seniors with mobility limitations so they can avoid hospitalizations and nursing home placements. The benefits of this project will be measured by the number of accessibility modification projects completed.

- 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?

Centers for Independent Living can be subject to Corrective Action Plans or required to return funds for non-performance.



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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.**

Not applicable

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.