1. Project Title: Neighborly Care Network Adult Day Care Center and Meals on Wheels Distribution Center

2. Senate Sponsor: Ed Hooper

3. Date of Request: 01/26/2021

4. Project/Program Description:
   Renovate and expand senior adult day care center and add a meals on wheels distribution site in Largo, FL. Goal is to increase numbers of seniors served while maintaining social distancing. Reduce drive time and cost for volunteers making home meal deliveries. Also by combining services into one site we can reduce the overall administrative costs of delivering 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 2021-2022

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>500,000</td>
<td>91%</td>
</tr>
<tr>
<td>Total State Funds Requested</td>
<td>500,000</td>
<td>100%</td>
</tr>
</tbody>
</table>

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>500,000</td>
<td>91%</td>
</tr>
</tbody>
</table>

   Matching Funds
   Federal                          | 0      | 0%         |
   State (excluding the amount of this request) | 0      | 0%         |
   Local                             | 50,000 | 9%         |
   Other                             | 0      | 0%         |
   Total Project Costs for Fiscal Year 2021-2022 | 550,000 | 100%      |

8. Has this project previously received state funding? No

9. Is future funding likely to be requested? No
   a. If yes, indicate nonrecurring amount per year.
   b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic? Yes
If yes, indicate the amount of funds received and what the funds were used for.

PPP funding of $707,000 to maintain staff on payroll and benefits. Also received CARES funding to deliver meals allowing Older American Act funds to carry forward into 2021 to deliver meals to seniors on a waiting list.

11. Details on how the requested state funds will be expended

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs:</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Operational Costs: Other</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Fixed Capital Construction/Major Renovation:</td>
<td>Cost to renovate facility owned by Neighborly, Roof and window replacement. Add approximately 600 sq feet to accommodate MOW delivery site.</td>
<td>500,000</td>
</tr>
<tr>
<td>Total State Funds Requested (must equal total from question #6)</td>
<td></td>
<td>500,000</td>
</tr>
</tbody>
</table>

12. Program Performance

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

Expand adult day care center location, make long term facility improvements (roof, windows), increase number of seniors served annually while maintaining COVID related precautions. Grow volunteer use for home delivered meals (Meals on wheels Pinellas) as well as increasing the numbers of meals delivered by reducing the distance volunteers drive and the time doing so. Neighborly currently has 1,000 volunteers helping to deliver 2,500 meals/day.

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

Adult day care services, fitness, cognitive experiences, nutrition, education, home delivered meals, volunteer opportunities.

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

Adult Day Care to senior citizens with physical and cognitive disorders. Meals on Wheels home delivered meals.

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

Pinellas County residents over the age of 60, most often socially isolated, with health issues related to poor nutrition.

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

Improved health outcomes, improved quality of life with consumer and care givers, increased numbers of volunteers and improved satisfaction, increased number of home delivered meals.

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 the contract?

N/A

13. 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.

The facility is owned by the 501(c)3, non-profit, Neighborly Care Network. Currently Neighborly owns 2 facilities in Pinellas County and operates in 9 other locations.
14. Requestor Contact Information
   a. First Name  David  Last Name  Lomaka
   b. Organization  Neighborly Care Network
   c. E-mail Address  dalomaka@neighborly.org
   d. Phone Number  (727)573-9444  Ext.

15. Recipient Contact Information
   a. Organization  Neighborly Care Network
   b. Municipality and County  Pinellas
   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  David  Last Name  Lomaka
   e. E-mail Address  dalomaka@neighborly.org
   f. Phone Number  (727)573-9444

16. Lobbyist Contact Information
   a. Name  None
   b. Firm Name  None
   c. E-mail Address  
   d. Phone Number  

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