

LFIR # 1955

1. Pro	oject Title											
2. Sei	nate Sponsor	Gayle Harrell										
3. Dat	te of Request	02/24/2021										
4. Pro	oject/Program De	escription										
The	ese modifications	program is to elimin enhance the perso th issues for the inc	n's ability to stay in	rsical barriers in resic their own home in lie	lences owned by lo u of an institution a	w income seniors. nd most importantly,						
5. Sta	5. State Agency to receive requested funds Department of Elder Affairs											
Sta	ate Agency conta	cted? Yes										
6. Am	nount of the Nonr	ecurring Request	for Fiscal Year 202	21-2022								
Туј	pe of Funding			Amo								
Ор	erations				400,000							
Fix	ced Capital Outlay	,			0							
Tot	tal State Funds F	Requested			400,000							
	•	or Fiscal Year 202	1-2022 (including ı	matching funds ava		ect)						
	pe of Funding			Amount	Percentage							
		equested (from que	stion #6)	400,000	100%							
	atching Funds											
	deral			0	0%							
	, ,	amount of this requ	iest)	0	0%							
Loc				0	0%							
Oth	her			0	0%							
To	tal Project Costs	for Fiscal Year 20	21-2022	400,000	100%							
8. Ha	s this project pre	eviously received :	state funding?	Yes								
	Fiscal Year	Amount		Specific	Vetoed							
	(уууу-уу)	Recurring	Nonrecurring	Appropriation #								
201	19-20		150,000	398	No							
9. Is f	future funding lik	cely to be requeste	ed?	Yes								
a. If yes, indicate nonrecurring amount per year.  400,000												
b. I	Describe the sou	arce of funding that	it can be used in li	eu of state funding.								
Tł	here is no availab	le funding for this in	itiative.									
10 11	as the autitures	uootina thia aasiss	at received envised	oral acciators as as a	ated to the COVID	10 nandamis2						
		uesting this projec	t received any fed	eral assistance rela	itea to the COVID-	19 pandemic?						
Yes												
lf y	yes, indicate the	amount of funds i	eceived and what	the funds were use	d for.							



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\$245,695 - Small home modification projects for consumers affected by COVID-19 and those consumers at risk of being removed from their homes and institutionalized.

### 11. 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 costs.	25,100						
Other Salary and Benefits		0						
Expense/Equipment/Travel/Supplies/ Other	Administrative overhead costs such as auditing, insurance, office space, computers, facility costs, equipment maintenance cost and communication technology costs.	10,000						
Consultants/Contracted Services/Study	Administrative expenses for contract management by Senior Connection Center (Area Agency on Aging).	20,000						
Operational Costs: Other								
Salary and Benefits	One full-time employee to coordinate and oversee home modifications and repair projects. Includes employee benefits and taxes.	43,000						
Expense/Equipment/Travel/Supplies/ Other	Project Coordinator activities and support expenses such as mileage reimbursement, phone services, technology costs, facilities costs, office lease, maintenance costs, insurance and auditing costs.	13,900						
Consultants/Contracted Services/Study	Direct program costs associate with home accessibility and repair costs.	288,000						
Fixed Capital Construction/Majo	r Renovation:							
Construction/Renovation/Land/ Planning Engineering		0						
Total State Funds Requested (must equal total from question #6)								

### 12. Program Performance

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

The purpose of the program is to enhance the safety and well-being of the special needs, low income senior population while preventing serious health issues including falls, enhancing good hygiene, and coping with mental health concerns. This program is designed to save the state money in lieu of long term care/institutional settings.

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

The services to be provided are the evaluation, planning and execution of repairs to homes by licensed contractors and their staff. Physical accessibility improvements and imminent and significant home repairs will be made toward achieving the goal of each project.

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

Direct construction and repair will be provided to program participant households.

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

Low-income seniors with disabilities at risk of losing independence in their homes.

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



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The anticipated outcome of the project is the physical improvement of 15-20 homes owned by low income seniors with disabilities.

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?

Reduction in funding for not meeting deliverables.

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.

Not applicable. This is not Capital Outlay funding.



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14. Requestor Contact Information									
	a. First Name	Gary		Last Name	Martoccio				
	b. Organization	Self-Reliance, Inc.							
	c. E-mail Address	gmartoccio@self-reliance.org							
	d. Phone Number	(813)375-3965 <b>Ext.</b> 112			112				
15.	Recipient Contact	Informatio	on						
	a. Organization	Self-Reliance, Inc.							
	b. Municipality and	I County	Hillsborough						
	c. Organization Type								
	□For Profit Entity	ntity							
	☑Non Profit 501(c	I(c)(3)							
	□Non Profit 501(c	c)(4)							
	□Local Entity								
	□University or Co	College							
	□Other (please specify)								
	d. First Name	Gary		Last Name	Martoccio				
	e. E-mail Address	gmartoccio@self-reliance.org							
	f. Phone Number	(813)375-3965							
16.	16. Lobbyist Contact Information								
	a. Name	Georgia McKeown							
	b. Firm Name	GA McKeown & Associates LLC							
	c. E-mail Address	ramgam95@gmail.com							
	d. Phone Number	(904)303-1611							