

1. Project Title

# The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

Alzheimer's Association Brain Bus

LFIR # 1408

| 2. Senate Sponsor  | Audrey Gibson   |  |  |   |   |  |
|--|---|--|--|---|---|--|
| 3. Date of Request   | 11/30/2021  |  |  |   |   |  |
| . Project/Program De   | scription   |  |  |   |   |  |
| that the symptoms of<br>healthy habits and ea<br>promote health and w<br>Bus is able to provide<br>how to reduce your ri | Alzheimer's diseas<br>arly detection, we a<br>well-being among be<br>a variety of educa<br>sk, the early warnir | se are simply norre potentially able oth people living value of the people living value of the people signs, the benear t | about Alzheimer's disemal parts of aging. By the to reduce burden, imposite dementia and their est hat include an exploits of early detection, it undeserved communications. | focusing on community<br>orove health outcome<br>or caregivers. Addition<br>anation of who is at in<br>and information abou | ty education<br>s, and<br>ally, the Brai<br>acreased risk |  |
| . State Agency to rec  | eive requested fu   | nds Departr  | ment of Elder Affairs  |   |   |  |
|  | •   |  |  |   |   |  |
| State Agency contact   | cted? Yes   |  |  |   |   |  |
| . Amount of the Nonre  | ecurring Request  | for Fiscal Year 2  | 022-2023   |   |   |  |
| Type of Funding  |   |  | Amo  | ount  |   |  |
| Operations   |   |  |  | 319,000   |   |  |
| Fixed Capital Outlay   |   |  |  | 0   |   |  |
| Total State Funds R  | eauested  |  |  | 319,000   |   |  |
|  |   |  |  |   |   |  |
| . Total Project Cost fo  | or Fiscal Year 2022   | 2-2023 (includino  | g matching funds ava   | ilable for this projec  | et)   |  |
| Type of Funding  |   |  | Amount   | Percentage  |   |  |
| Total State Funds Re   | quested (from que   | stion #6)  | 319,000  | 100%  |   |  |
| Matching Funds   |   |  |  |   |   |  |
| Federal  |   |  | 0  | 0%  |   |  |
| State (excluding the amount of this request)   |   |  | 0  | 0%  |   |  |
| Local  |   |  | 0  | 0%  |   |  |
| Other  | Other 0   |  | 0%   |   |   |  |
| <b>Total Project Costs</b>   | for Fiscal Year 20  | 22-2023  | 319,000  | 100%  |   |  |
|  |   |  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |   |   |  |
| 3. Has this project pre  | viousiy received s  | tate funding?  | Yes  |   |   |  |
| Fiscal Year<br>(yyyy-yy)   | Amount  |  | Specific   | Vetoed  |   |  |
|  | Recurring   | Nonrecurring   | Appropriation #  |   |   |  |
| 2021-22  | 0   | 319,00   | 00 388   | No  |   |  |
| 9. Is future funding like  | ely to be requeste  | d?   | Yes  |   |   |  |
| a. If yes, indicate no   | nrecurring amou   | of nor year  | 319,000  |   |   |  |
|  | nn <del>c</del> curring amou  | it per year.   | 010,000  |   |   |  |
|  | _   |  |  |   |   |  |
| b. Describe the sou  | _   |  | lieu of state funding.   |   |   |  |
|  | _   |  |  |   |   |  |



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Yes

#### If yes, indicate the amount of funds received and what the funds were used for.

The Alzheimer's Association in partnership with the DOEA, received 1.8 million in funding from the CARES and American Rescue Acts for a COVID-19 specific project to combat social isolation. This federal funding did not go towards the Brain Bus program or any programs related to it.

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

| Spending Category  | Description  | Amount  |
|--|--|---------|
| Administrative Costs:  |  |         |
| Executive Director/Project Head Salary and Benefits  |  | 0       |
| Other Salary and Benefits  |  | 0       |
| Expense/Equipment/Travel/Supplies/<br>Other  | Funds will be utilized for administrative activities that support programs, projects and other activities including, but not limited to, general administrative, accounting and budget, development activities, as well as costs associated with rent, communications, office supplies, maintenance, postage and other expenses. | 70,886  |
| Consultants/Contracted<br>Services/Study   |  | 0       |
| Operational Costs: Other   |  |         |
| Salary and Benefits  | 3.5 FTE - Salary and Benefits of staff directly working with the planning, scheduling, driving of the Brain Bus van and RV, and execution of the Brain Bus online programming.   | 197,084 |
| Expense/Equipment/Travel/Supplies/ Other  Funds to be utilized to cover the costs associated with event registration fees, fuel, maintenance, and lodging associated with providing services of the program. These funds will also support the costs associated with the promotional campaign for the Brain Bus and brain health awareness in rural and diverse communities. |  | 51,030  |
| Consultants/Contracted<br>Services/Study   |  | 0       |
| Fixed Capital Construction/Majo  | r Renovation:  |         |
| Construction/Renovation/Land/<br>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 primary goal of the Brain Bus is to support health concerns for people at higher risk for developing Alzheimer's disease and to support the ability of Alzheimer's caregivers to provide the highest quality of care. The funds being requested will support this goal by directly providing Brain Bus services to communities, but we will also conduct a promotional campaign within rural and diverse communities to raise awareness of brain health.

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

We will provide targeted outreach/ support to people who otherwise might not learn about Association provided services and supporting people at higher risk of developing Alzheimer's disease to better understand the importance of brain health, the warning signs and benefits of an early diagnosis. We will accomplish 300 total Brain Bus "stops' with this funding.

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

The Brain Bus will provide "stops" which inform individuals about a variety of educational topics that include risk reduction, the early warning signs, the benefits of early detection, research, and information about diagnostic centers. Additionally, we will deploy a promotional campaign about brain health to rural and diverse communities.



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

The Brain Bus's target population is women, under-served, isolated and/or rural families dealing with, or at risk for, Alzheimer's disease or a memory-related disorder. The services of the Brain Bus are open to all individuals who need services, and always free of charge. Over the course of one year, 300 stops will be made across the State of Florida providing information and services to over 2,000 people. The Brain Bus services are also available remotely and online following the implementation of virtual programming as a result of COVID-19.

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

Visitors will gain knowledge about the importance of brain health, the warning signs, and benefits of an early diagnosis. Visitors will also gain knowledge about Association provided services that will enable caregivers to continue to provide high quality care. Those engaged will also receive information on the impact of COVID-19 on those with Alzheimer's Disease and related Dementias.

Measurement: As a result of the education program, I have increased knowledge regarding how to care for someone experiencing Alzheimer's or any of the related dementia. (Y/N); I feel better equipped to provide care for someone experiencing Alzheimer's or any of the related dementia. (Y/N); I know the warning signs of Alzheimer's and related dementia (Y/N); I know how to reduce my risk (Y/N)?

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?

The program is monitored annually by the Area Agency on Aging of Pasco-Pinellas which provides any necessary corrective actions.

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the

| N/A |
|-----|
|-----|



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| 14. Requestor Contact             | t Informat   | ion       |           |         |  |  |  |  |
|-----------------------------------|--|-----------|-----------|---------|--|--|--|--|
| a. First Name                     | Angela   |           | Last Name | McAuley |  |  |  |  |
| b. Organization                   | Alzheimer's Disease and Related Disorders Association Inc. Florida Gulf Coast Chapter    |           |           |         |  |  |  |  |
| c. E-mail Address                 | admcauley@alz.org  |           |           |         |  |  |  |  |
| d. Phone Number                   | (727)458-4846 Ext.   |           |           |         |  |  |  |  |
| 15. Recipient Contact Information |  |           |           |         |  |  |  |  |
| a. Organization                   | Alzheimer's Disease and Related Disorders<br>Association Inc. Florida Gulf Coast Chapter |           |           |         |  |  |  |  |
| b. Municipality and               | d County   | Statewide |           |         |  |  |  |  |
| c. Organization Ty                | ре   |           |           |         |  |  |  |  |
| □For Profit Entity                |  |           |           |         |  |  |  |  |
| ☑Non Profit 501(c)(3)             |  |           |           |         |  |  |  |  |
| □Non Profit 501(c)(4)             |  |           |           |         |  |  |  |  |
| □Local Entity                     |  |           |           |         |  |  |  |  |
| □University or College            |  |           |           |         |  |  |  |  |
| □Other (please specify)           |  |           |           |         |  |  |  |  |
| d. First Name                     | Angela   |           | Last Name | McAuley |  |  |  |  |
| e. E-mail Address                 | admcauley@alz.org  |           |           |         |  |  |  |  |
| f. Phone Number                   |  |           |           |         |  |  |  |  |
| 16. Lobbyist Contact Information  |  |           |           |         |  |  |  |  |
| a. Name                           | Samanth  | a Ferrin  |           |         |  |  |  |  |
| b. Firm Name                      | Greenberg Traurig PA   |           |           |         |  |  |  |  |
| c. E-mail Address                 | FerrinS@gtlaw.com  |           |           |         |  |  |  |  |
| d. Phone Number                   | (850)425-8549  |           |           |         |  |  |  |  |