



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2491

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The purpose of the program is to eliminate physical barriers and imminent home deficiencies in homes owned by low-income seniors with disabilities. This funding will provide home accessibility services and assistive and /or adaptive equipment to low-income seniors 65+ with disabilities to prevent premature nursing home placement or hospitalization. Sometime, simple home modifications help older adults stay independent in their homes.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	600,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>600,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	600,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>600,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	0	150,000	398	No

9. Is future funding likely to be requested?

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?

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2491

\$17,921 for fiscal year 21/22. Funds have not been used as of this date. Have until end of Sept. 2022.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Costs as follows: Executive Director, 5% of FTE including benefits. Program Director, 20% of FTE including benefits. Benefits are calculated at 32% of wages.	20,442
Other Salary and Benefits	Costs as follows: Director of Finance 10% of FTE including benefits. Administrative Assistant 15% of FTE including benefits. Benefits are calculated at 32% of wages.	17,084
Expense/Equipment/Travel/Supplies/Other	Administrative costs including occupancy, telecommunication, equipment expense and lease, technology costs, auditing fees, insurance, postage/printing and supply costs.	29,748
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Costs as follows: Home Modification Coordinator, 75% FTE including benefits. Benefits are calculated at 32% of wages.	44,726
Expense/Equipment/Travel/Supplies/Other	Direct operating costs including mileage reimbursement, occupancy, telecommunication, equipment expenses and lease, technology costs, auditing fees, insurance, postage/printing and supply costs.	6,000
Consultants/Contracted Services/Study	Costs associated with the rehabilitation/modification of 14 homes for low income seniors at an average cost of \$ 33,928, total cost of \$ 475,000. Also includes ancillary costs of \$ 7,000 which consists of miscellaneous consumer equipment costs at \$ 500 per consumer.	482,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>600,000</b>

#### 12. Program Performance

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

The Programs purpose is to help elderly, low-income, disabled homeowners to remain safely in their homes by providing physical home modifications and repair of imminent and significant deficiencies.

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

The services to be provided are to be evaluation, planning, and execution of physical changes and 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?

The largest population of the project will be low-income seniors with disabilities and those at risk of losing residence in their owned homes. Between 15-20 will be served.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2491

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?**

Standard contract penalties.

**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.**

N/A



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2491

#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number