



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1393

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The City of Lauderdale Lakes is seeking a continuation of funding to expand services at the Lauderdale Lakes Alzheimer's Care Center and to serve the increasing supply of average income seniors that are in need of services within Broward County. Continuation of funding for the program would respond to the critical need to serve people with Alzheimer's disease and their caregivers. The methodology to measure the outcome is the increase in respite care, and caregiver support.

5. **State Agency to receive requested funds**

State Agency contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	101,449
Total State Funds Requested	251,449

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	251,449	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	251,449	50%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	502,898	100%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	251,500	401	No

9. **Is future funding likely to be requested?** Yes

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

Will continue to seek other funding sources.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

No



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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

06/01/2024

d. What is the estimated completion date of construction?

06/30/2025

12. List 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.

Local Government, City of Lauderdale Lakes

13. 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	Case Aid to complement or supplement the work of case managers. Assist with care plans, delivery of supplies and equipment, assist the client or caregiver in compiling information and completing applications for other services and public assistance	50,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Specialized medical equipment, adaptive devices (electronic or non-electronic), nutritional supplements, beside commodes and other rehabilitative devices, equipment and supplies to assist with their activities of daily living. Activities supplies for programs such as art, music, horticulture, and other programs. Social outing expenses for persons with Alzheimer's disease.	45,000
Consultants/Contracted Services/Study	Mental Health Screenings for potential clients. Therapeutic Activities Instructor such as art, music, horticulture, cultural arts and other therapeutic programs. Professional/licensed counseling services and education for caregivers/persons with Alzheimer's disease. Crisis/Emergency In-Home Respite Care . In-Facility Respite Care as needed to facilitate activities and assist with the care-plan of person with Alzheimer's.	55,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Renovation of building for safety enhancements and to meet ADA and AHCA requirements.	101,449



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Total State Funds Requested (must equal total from question #6)	251,449
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14. Program Performance

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

Improve physical and mental health and enhance quality of life.

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

The City of Lauderdale Lakes will provide in-home and in-facility respite and caregiver support services to enhance the quality of life for individuals that have Dementia or the Alzheimer's Disease along with serving their caregivers in a safe ADA compliant space. This enhanced assistance will also include emergency care for individuals with dementia and training for their caregivers.

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

Expanded respite care and caregiver support coordination/counseling will be open to individuals with signs of Dementia and the Alzheimer's Disease along with their caregiver.

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

Our target population is the general public. This will improve the quality of life to a family as a whole. Our location is expected to serve 50 - 100 people.

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

Utilization of the program for respite services will decrease the need for nursing home placement and thus enhance the physical health of a client showing early signs of Dementia.

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?

Failing to meet deliverable could diminish the added value to client and caregivers.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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)



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- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number