

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Alzheimer's Project, Inc.
2. Date of Submission: 10/21/2019
3. House Member Sponsor: Loranne Ausley
Members Copied: Ramon Alexander

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		100,000	100,000		200,000	200,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Elder Affairs
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Reduction or loss of funds

6. Requester:

- a. Name: Debbie Moroney
- b. Organization: Alzheimer's Project, Inc.
- c. Email: debbie@alzheimersproject.org
- d. Phone #: (850)386-2778

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Debbie Moroney
- b. Organization: Alzheimer's Project, Inc.
- c. Email: debbie@alzheimersproject.org
- d. Phone #: (850)386-2778

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Alzheimer's Project, Inc.
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Calhoun, Gadsden, Gulf, Jackson, Liberty, Madison, Wakulla

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

To assist familial caregivers and those living with dementia in the Big Bend Area, rural north Florida receive supportive services to reduce institutionalization and premature death of the caregiver. Increase early diagnosis and development of care plan and aging in place. Services include case management, support groups and facility respite. Implement Integrative Memory Enhancement program a research based curriculum to slow the progression of the disease and allow people to age in place.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	3.5 FTE to provide direct service delivery and coordination, recruit and train volunteers, and collaborate to maximize services in each area. Implement the Integrated Memory Enhancement Program for early diagnosed.	123,347
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Dealing with Dementia Classes - Books@ \$40 each= \$3,200 Powerful Tools for Caregivers Classes - Books \$30.00 each \$2,400 Mileage to homes and educational sites =	36,783

	\$9,500 Printing of activity sheets, flyer's for advertising \$2,500 Supplies & Mailings \$2,500 Lap top computers \$985 Cell phones \$2,665 Social Respite Supplies \$850 Integrated Memory Enhancement Curriculum \$10,000 Integrated Memory Entrancement Supplies \$2,183	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Respite Coordinator \$6,120 Leon Certified Nursing Assistant \$6,930 Leon Respite coordinator \$6,120 Jackson Certified Nursing Assistant \$6,930 Jackson 2 Integrated Memory Enhancement Facilitators \$13,770	39,870
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		200,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

We have letters of support from the communities and our collaborative partners, the faith community and lead agencies are very supportive in terms of providing space and access to meals. The organization is part of the Dementia Care and Cure Initiative of the Big Bend.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

The vision of Governor DeSantis and Lieutenant Governor Nuñez, Florida is the only state in the nation to have a priority area in its SHIP devoted exclusively to the care of those living with ADRD and their caregivers. Important goals in the plan are to reduce health disparities by expanding access and utilization of ADRD specific care and support services in rural areas and to increase education, training and respite options for caregivers providing support.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Assessments, care planning .counseling, case-management, education and training, caregiver support groups, day respite, information and referrals, Powerful tools for Caregivers, Dealing with Dementia and Alzheimer's Project ADRD education series, Integrative Memory Enhancement Classes.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Client Assessments, care planning, support groups, crisis counseling, information and referral, day respite, education and training.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons

- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Caregivers will have the time to take care of their own physical needs including maintaining employment. Caregiver will be better equipped to manage the physical needs of their loved ones and make taking care of	Caregiver Surveys demonstrate that respite and other services: Increase attention to physical health; increase information and knowledge on how to respond to loved one's needs; increase knowledge on resources available to support the caregiver and

	their own health a priority.	loved ones physical health; and increase ability to maintain employment. The increased ability to maintain employment while caring for a loved one in the home is also objectively measurable.
<input checked="" type="checkbox"/> Improve mental health	Caregivers report less stress and increased coping strategies. Increase level of well being for the caregiver and the individual living with dementia.	Caregiver Surveys demonstrate: Decrease in caregiving stress; increase in coping strategies; increase level of well being; and increased ability to care for loved ones in the home setting. The number of caregivers who are able to care for their loved one in the home setting is also objectively measurable.
<input checked="" type="checkbox"/> Enrich cultural experience	Person living with dementia increase opportunities for socialization and cultural interactions supporting a family's choice to maintain caring for individual's with dementia in the family home.	Families avoid institutionalization of their loved one, while persons living with dementia are able to socialize outside of the home through respite day care. Measurable factors include: The number of people using respite; number of patients living at home; and the number of recipients who have moved to a facility each year compared with a control group of non-recipients in similar circumstances.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Student volunteers and interns experience high-quality educational experiences working with persons	Surveys of volunteers and interns demonstrate valuable educational experiences that qualify for academic

	with dementia.	credit and job training experience.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Caregivers are better able to maintain employment while having a loved-one in the home.	Day respite services are essential to the ability for many caregivers to hold a job while caring for a loved one.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Caregivers financial burden is lessened as a result of free or reduced day respite.	The numbers of facility day respite hours provided x average hourly cost.
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	200,000	72.7%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	55,000	20.0%	Yes
4. Local:	20,000	7.3%	Yes
5. Other:	0	0.0%	No
TOTAL	275,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select “ongoing activity”.

Ongoing activity – no total cost

<1M

1-3M

>3-10M

>10M