

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Baker County Council on Aging Inc. - Social Service/Senior Center
2. Date of Submission: 10/31/2019
3. House Member Sponsor: Chuck Brannan  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No  
*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?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

| FY:                | Input Prior Year Appropriation for this project<br>for FY 2019-20<br><i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i> |                               |   | Develop New Funds Request<br>for FY 2020-21<br><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<br><br><i>(Recurring plus Nonrecurring: column A + column B)</i> | Recurring Base Budget<br><br><i>(Will equal non-vetoed amounts provided in Column A)</i>                        | <b>Additional Nonrecurring Request</b> | <b>TOTAL Nonrecurring plus Recurring Base Funds</b><br><br><i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i> |
| Input Amounts:     |   |                               |   |   | 2,900,000                              | 2,900,000   |

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? No
  - 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.

Baker County Council on Aging will continue to use the current building that we are housed in now the Board of County Commission will continue to repair current location.

6. Requester:

- a. Name: Barbara Yarbrough
- b. Organization: Baker County Council on Aging Board of Directors
- c. Email: bayarbrough1964@gmail.com
- d. Phone #: (904)408-1660

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

- a. Name: Christina Harvey
- b. Organization: Baker Council on Aging Inc.
- c. Email: charvey@bakercoa.org
- d. Phone #: (904)259-2223

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

- a. Name: Chris Doolin
- b. Firm: Christian B. Doolin & Associates
- c. Email: cdoolin@nettally.com
- d. Phone #: (850)508-5492

9. Organization or Name of entity receiving funds:

- a. Name: Baker County Board of County Commission
- b. County (County where funds are to be expended): Baker
- c. Service Area (Counties being served by the service(s) provided with funding): Baker

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?

New Social Service/ Senior Center building ,we will be able to provide better services. With a bigger, updated kitchen we will be able to provide more meals for home delivery and our congregate meal site. Larger, safer parking for the staff and seniors. Seniors will have more access to Case Mangers with privacy not having to climb stairs, having other seniors hear personal information. In this facility we will have areas for activities. Respite center to be able care for clients in house.

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

| Spending Category  | Description  | Nonrecurring<br>(Should equal 4d, Col. E) Enter "0" if<br>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 type="checkbox"/> e. Salaries and Benefits  |  |  |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other          | Full service Kitchen, Fixtures,<br>Furnishings       | 700,000  |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study                        |  |  |
| Fixed Capital Construction/Major Renovation:   |  |  |
| <input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | Constrution cost of Social Service/<br>Senior Center | 2,200,000  |
| <b>TOTAL</b>   |  | <b>2,900,000</b>   |

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:

2018 Baker County Board of Commissioners appointed a committee to seek a recommendation prioritizing projects for the community. That appointed committee selected a new Senior Center. We also have support from ElderSource, Baker County Sherriff office, City of Macclenny and the Chamber of Commerce.

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

No

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?

Baker County council on aging will have adequate area to accommodate providing services for state and federal grants.

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

New Social Service/ Senior Center will offer home delivered meals, congregate meals, Case Management, in facility respite, in home respite, socialization, nutrition education, safety education, crafts, fitness, wellness and recreation activities.

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  | Improve clients health and fitness levels through fitness and wellness classes.  | weekly activities log.                                    |
| <input checked="" type="checkbox"/> Improve mental health  | Providing socialization client will have less depression. Having ours around gives less time to be lonely.                     | Clients will be more involved in more social activity.    |
| <input type="checkbox"/> Enrich cultural experience  |  |   |
| <input type="checkbox"/> Improve agricultural production/promotion/education                             |  |   |
| <input checked="" type="checkbox"/> Improve quality of education   | Education on Elder Abuse , Senior Law, fraud awareness, nutrition education and focus group will help clients become informed. | Number of clients that attends the educational groups.    |
| <input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality             |  |   |
| <input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) | Education on Elder Abuse , Senior Law, fraud awareness, and focus group will help clients become informed.                     | Less victims of abuse knowing the signs and reporting it. |
| <input checked="" type="checkbox"/> Improve transportation conditions                                    | Providing a larger and safer parking area, more seniors will come.   | Daily attendance  |
| <input type="checkbox"/> Increase or improve economic activity   |  |   |
| <input type="checkbox"/> Increase tourism  |  |   |
| <input type="checkbox"/> Create specific immediate job opportunities                                     |  |   |
| <input type="checkbox"/> Enhance specific individual's economic self sufficiency                         |  |   |
| <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: | 2,900,000        | 55.0%            | N/A   |
| 2. Federal:  | 0                | 0.0%             | No  |
| 3. State: (Excluding the requested Total Amount in #4d, Column F)          | 2,151,000        | 40.8%            | Yes   |
| 4. Local:  | 225,000          | 4.3%             | Yes   |
| 5. Other:  | 0                | 0.0%             | No  |
| <b>TOTAL</b>   | <b>5,276,000</b> | <b>100%</b>      |   |

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

No