

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Nassau County Council on Aging - Hilliard Westside Senior Life Center & Adult Day Healthcare

2. Date of Submission: 11/07/2019

3. House Member Sponsor: Cord Byrd

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 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	Column: B	Column: C	Column: D	Column: E	Column: 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:					600,000	600,000

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.

Repayment of Funds or no future funding

6. Requester:

- a. Name: Janice Ancrum
- b. Organization: Nassau County Council on Aging
- c. Email: jancrum@nassaucountycoa.org
- d. Phone #: (904)261-0701

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

- a. Name: Janice Ancrum
- b. Organization: Nassau County Council on Aging
- c. Email: jancrum@nassaucountycoa.org
- d. Phone #: (904)261-0701

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: Nassau County Council on Aging
- b. County (County where funds are to be expended): Nassau
- c. Service Area (Counties being served by the service(s) provided with funding): Nassau

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?

The existing Life Center in its current state is not conducive to the health and well-being of seniors. There are areas in the building which pose a potential hazard. When it rains, water seeps into the the cinder block walls, causing potential problems, and without immediate intervention, this would be unsafe for seniors, including a mold hazard. Seniors will receive services that will empower them to live and lead happy, healthy lives. They will not only survive, but thrive.

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 type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Building renovation; parking lot repair and resurfacing, removal of septic system, construction of adult day health care, painting, kitchen equipment, furniture, roof, repair of walls, repair of draining issues,	600,000

	generator, floor repairs, bathroom repairs, etc.	
TOTAL		600,000

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:

The project was presented before the Nassau County Legislative Delegation on October 9, 2019 by retired Judge Robert Foster. The project was also presented to the entire 15 member Board of the Nassau County COA and fully supported by the Board. Business Leaders on the West side of the County support this initiative.

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:

Since Florida is now the 4th State in the country to be designated an "Age Friendly State," Governor DeSantis has made a commitment to ensure that seniors' needs are prioritized. Richard Prudom, the Secretary of Elder Affairs, states that "throughout the next decade, the population of older Floridians is expected to increase by nearly 40%, so it is essential that communities are prepared. Our efforts continue as we work to make Florida a place where we can all live and live well."

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?

There are approximately 8,300 seniors on the West side of the County and they will have a place to congregate, socialize with their peers, receive much-needed education and wellness checks, receive a nutritious meal daily and those suffering from a form of dementia will have a place for therapeutic activities, as well as respite for the caregiver.

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

Meals; Fall Prevention Classes; Health Education (diabetes prevention, hypertension, exercise, Arthritis education, etc.); Financial Literacy (how to avoid scams, managing money on a fixed income, etc.); Medicare education; To and from senior facility, as well as Dr. appts.

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	Seniors and their caregivers will receive education on diabetes education, hypertension, fall prevention and others	Fewer Dr. visits, less dependent upon medication
<input checked="" type="checkbox"/> Improve mental health	Seniors will have the opportunity to have mental health screenings and consultation when needed	Happier, healthier seniors, especially those who are vulnerable to isolation and depression
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<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 checked="" type="checkbox"/> Improve transportation conditions	Seniors will be transported to and from the senior center, as well as to	Seniors will arrive timely to their designated appointments either to the center, to dialysis or to any doctors

	and from doctor appts	appt
<input checked="" type="checkbox"/> Increase or improve economic activity	Seniors will receive information on budget management, avoiding scams and other forms of financial crisis	Seniors will not fall prey to scams and their limited income will be spent more wisely
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Seniors will learn to depend on their own instincts and knowledge about money	They will be better manage money managers and depend on themselves more often
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Seniors will learn about the dangers of the overuse of opioids they currently use for pain management	Seniors will learn about the dangers of the overuse of opioids they currently use for pain management
<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:	600,000	48.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	600,000	48.0%	Yes
4. Local:	50,000	4.0%	Yes
5. Other:	0	0.0%	No
TOTAL	1,250,000	100%	

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

No