

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Lauderdale Lakes Alzheimer's Care Center - Alzheimer Care Services Expansion
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Anika Omphroy
Members Copied:

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:		250,000	250,000		249,999	249,999

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.
reimbursement of funds to the state

6. Requester:

- a. Name: Phil Alleyne
- b. Organization: City of Lauderdale Lakes
- c. Email: phila@lauderdalelakes.org
- d. Phone #: (954)535-2740

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

- a. Name: Peggy Castano
- b. Organization: City of Lauderdale Lakes
- c. Email: peggyc@lauderdalelakes.org
- d. Phone #: (954)535-2717

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

- a. Name: Ronald Book
- b. Firm: Ronald L. Book, PA
- c. Email: ron@rlbookpa.com
- d. Phone #: (954)935-1866

9. Organization or Name of entity receiving funds:

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

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 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 early onset Alzheimer's disease and their caregivers. The methodology to measure the outcome is the increase in respite care, and caregiver support.

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	Part time certified nursing assistants to oversee respite care needs of persons with Alzheimer's disease. Part time activities/recreation assistant to coordinate activities. Part time case aide to assist with care-plan needs of person with Alzheimer's disease and the caregivers. Additional staff to maintain the facility.	94,999
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Activities supplies for programs such as art, music, horticulture, fitness,	46,000

	and other programs. Social outing expenses for persons with Alzheimer's disease to include admission and travel expenses.	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Therapeutic Activities Instructor such as art, music, horticulture, cultural arts and other therapeutic programs. Professional/licensed counseling services for caregivers and persons with Alzheimer's disease. Education and training for caregivers. Crisis or Emergency In-Home Respite Care for the person with Alzheimer's disease.	109,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		249,999

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:

Support has been expressed in community meetings, budgetary hearings and caregiver support meetings

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:

As a result of studies conducted by many sources, there is a need to expand facility services to include early onset Dementia and Alzheimer's Disease focused on prevention or slowing the progression of Dementia.

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?

The City of Lauderdale Lakes will provide respite and caregiver services to enhance quality of life for individuals that have early signs of Dementia or the Alzheimer's Disease.

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

Expanded respite care and caregiver support coordination will be open to individuals with early signs of Dementia and the Alzheimer's Disease and their caregivers

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	Utilization of the program for in facility respite services will decrease the need for nursing home placement and thus enhance the physical health of a client showing early signs of Dementia.	Utilization of the program for in facility respite services will decrease the need for nursing home placement and thus enhance the physical health of a client showing early signs of Dementia.
<input type="checkbox"/> Improve mental health		
<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 type="checkbox"/> Improve transportation conditions		
<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:	249,999	33.3%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	500,000	66.7%	Yes
5. Other:	0	0.0%	No
TOTAL	749,999	100%	

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

No