

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Little Havana Activities & Nutrition Centers of Dade County - Adult Day Care
2. Date of Submission: 11/12/2019
3. House Member Sponsor: Ana Rodriguez
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? 2018-19
- 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:					412,000	412,000

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.
Not funding the project in subsequent years.

6. Requester:

- a. Name: Rafael Iglesias
- b. Organization: Little Havana Activities & Nutrition Centers of Dade County, Inc.
- c. Email: Rafael.Iglesias@Lhanc.org
- d. Phone #: (305)858-0887

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

- a. Name: Betty Ruano
- b. Organization: Little Havana Activities & Nutrition Centers of Dade County, Inc.
- c. Email: Betty.Ruano@Lhanc.org
- d. Phone #: (786)234-6524

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

- a. Name: Andreina Figueroa
- b. Firm: ADF Consulting
- c. Email: ADF@ADFConsulting.com
- d. Phone #: (786)586-7001

9. Organization or Name of entity receiving funds:

- a. Name: Little Havana Activities & Nutrition Centers of Dade County
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

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?

Funds requested will be used to provide adult day care services to frail individuals 60 years of age or older who have or do not have a caregiver at any of the adult day care centers Little Havana Activities & Nutrition Centers owns and operates. The funds requested will provide 44,541 hours of services to 40 unduplicated clients.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Salaries and benefits for the program administrator that oversees the day-to-day operations of program.	26,750
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Salaries and benefits for the program accounting staff assigned to this program.	13,250
<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	Saries/benefits of nurses and certified nurse assistants that provide direct care services to the program clients. The direct care includes assistance with feeding the client, assist clients in going to the bathroom, providing assistance in taking their medications, direct recreational and therapeutic activities on a daily basis.	150,000

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Insurance on vehicles used to transport participants, rent, adult day care center utilities and maintenance & repairs on adult day care centers and vehicles transporting participants. The funds requested will provide 44,541 hours of services to 40 unduplicated clients.	80,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Meals and snacks for participants of the program, incontinent supplies, and recreational supplies.	142,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		412,000

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:

This is a previously funded project. Frail elderly individuals are already receiving the subsidy, therefore the need is present and documented in that manner.

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:

Alliance for Aging, Inc. Area Plan for 2018 and prior year reports.

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?

Funds requested will be used to provide adult day care services to frail individuals 60 years of age or older who have or do not have a caregiver at any of the adult day care centers Little Havana Activities & Nutrition Centers owns and operates. The funds requested will provide 44,541 units of adult day care services to 40 unduplicated frail elderly persons.

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

One hour of actual client attendance at the day care center is one unit of adult day care service. The direct care includes assistance with feeding the client, assist clients in going to the bathroom, providing assistance in taking their medications, direct recreational and therapeutic activities on a daily basis.

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 type="checkbox"/> Improve physical health		
<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 checked="" type="checkbox"/> Other (Please describe): Improve access to quality of care for frail elderly.	Outcome: 1.) Percentage of family and family assisted caregivers who self-report they are very likely to provide care to their loved ones with this service. Measure: 89 percent of the caregivers 2.)Percentage of new service recipients whose ADL assessment score has been maintained or improved	Measure: 63 percent of client's ADL/IDL score is maintained or improved. Method of Measuring Outcome: DOEA client assessment/re-assesment score comparison

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:	412,000	56.2%	N/A
2. Federal:	320,889	43.8%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	732,889	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