

# 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 - Respite Service for Caregivers
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					154,500	154,500

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?

An estimated 17 caregivers will receive approximately 520 hours of respite services, at 2 hours of respite care per day, 5 times per week. Outcome: 66% of the clients receiving meals will maintain or improve their nutrition score Methodology: Compare initial assessment score to annual reassessment score utilizing the DOEA Uniform Assessment Tool 701.

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 the program.	10,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Salaries and benefits for the accounting staff assigned to the program.	5,000
<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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Expense of Certified Nurse Assistants that provide the direct service care to the clients to be served by this funding source. Direct care includes assistance with bathing, light household chores, and	139,500

	companionship. The funds requested will provide 8,840 hours of services to 20 unduplicated clients (caregivers).	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		154,500

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. LHANC maintains a waiting list for services.

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?

An estimated 20 unduplicated clients and caregivers will receive approximately 8,840 hours of respite services, at 2 hours of respite care per day, 5 times per week. Direct care includes assistance with bathing, light household chores, and companionship. These activities provide the caregiver with respite from the day-to-day activities of caring for a frail older adult.

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

The one hour of direct service is the unit of service. Direct care includes assistance with bathing, light household chores, and companionship.

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 life for caregivers of frail elderly.	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-assessment 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:	154,500	40.1%	N/A
2. Federal:	148,259	38.5%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	82,150	21.3%	Yes

4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	384,909	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