

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Alzheimer's Project, Inc. - Bringing the Lost Home

2. Date of Submission: 11/14/2019

3. House Member Sponsor: Scott Plakon

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded? 2019-20
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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: | | 100,000 | 100,000 | | 200,000 | 200,000 |

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 Law Enforcement

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.

Loss of future funding and audit

6. Requester:

- a. Name: Debbie Moroney
- b. Organization: Alzheimer's Project, Inc.
- c. Email: debbie@alzheimerproject.org
- d. Phone #: (850)386-2778

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

- a. Name: Debbie Moroney
- b. Organization: Alzheimer's Project, Inc.
- c. Email: debbie@alzheimerproject.org
- d. Phone #: (850)386-2778

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

- a. Name: Tim Parson
- b. Firm: Liberty Partners
- c. Email: tim@libertypartnersfl.com
- d. Phone #: (850)910-2678

9. Organization or Name of entity receiving funds:

- a. Name: Alzheimer's Project, Inc.
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Franklin, Lee, Leon, Marion

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?

To help community leaders and law enforcement agencies better serve their high-risk autism and dementia populations by raising missing persons awareness, mitigating risk and improving search performance through the use of scent tracking recognition assessments.

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 | Funds for the project implementation and oversight and supervision of personnel. | 15,000 |
| <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 | 1 FTE to work with law enforcement agencies, schools and families to identify persons at risk for elopement and injury and death, and to provide crisis intervention training on protocol for crisis response. To provide assistance with kit distribution. | 65,000 |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Scent Preservation Kits \$20.21 per unit x \$3000 + \$60,630, travel to target counties. | 70,000 |
| <input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study | Agency Assessment, Training and | 50,000 |

| | | |
|---|---|---------|
| | Evaluation of officer and canine teams. | |
| Fixed Capital Construction/Major Renovation: | | |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 200,000 |

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:

Alzheimer's Project & Scent Evidence K9 has been discussed at the Florida Department of Elder Affairs, the public noticed dementia Care and Cure Initiative and the DCCI Advisor Committee.

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?

The funds will enable 4 Sheriff's Offices to introduce and maintain a proven and effective missing persons location program. The Program is focused on recovering individuals who have a propensity to wander or elope with a rapid response and recovery.

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

The Sheriff's will operate this cost effective program for their respective counties to lead efforts in the search and recovery of missing individuals to quickly and successfully reunite the lost family member and caregiver.

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): Persons living with autism, dementia or Alzheimer's disease.

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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) | Florida has a large and growing senior population with increased risks for Alzheimer's or another form of dementia. This program will assist in providing an economically efficient search and recovery method. This will result in the number of individuals being safely recovered. | Enhance specific individuals and economic self sufficiency. Provide essential peace of mind to caregivers. This will result in a number of individuals being safely recovered. |
| <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: | 200,000 | 100.0% | 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: | 0 | 0.0% | No |
| 5. Other: | 0 | 0.0% | No |
| TOTAL | 200,000 | 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