

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Association of Centers for Independent Living - Home Modification Services for Seniors
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Elizabeth Fetterhoff
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:					3,000,000	3,000,000

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? 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.
Corrective Action Plan

6. Requester:

- a. Name: Jane Johnson
- b. Organization: Florida Association of Centers for Independent Living
- c. Email: jane@floridacils.org
- d. Phone #: (850)575-6004

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

- a. Name: Jane Johnson
- b. Organization: Florida Association of Centers for Independent Living
- c. Email: jane@floridacils.org
- d. Phone #: (850)575-6004

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

- a. Name: Georgia McKeown
- b. Firm: Johnson & Blanton
- c. Email: georgia@teamjb.com
- d. Phone #: (904)303-1611

9. Organization or Name of entity receiving funds:

- a. Name: Florida Association of Centers for Independent Living
- b. County (County where funds are to be expended): Alachua, Bay, Brevard, Broward, Duval, Escambia, Hillsborough, Lee, Leon, Miami-Dade, Monroe, Orange, Palm Beach, Pasco, Sarasota, Volusia
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide, Alachua, Baker, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, Collier, Columbia, DeSoto, Dixie, Duval, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jackson, Jefferson, Lafayette, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Martin, Miami-Dade, Monroe, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, St. Johns, St. Lucie, Santa Rosa, Sarasota, Seminole, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, Washington

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?

More low-income seniors who are at risk of self-injury or institutionalization because of mobility impairments or other disabilities will be able to remain in their homes and communities through the elimination and/or mitigation of access and ambulation barriers such as entry steps and narrow doorways that can't accommodate wheelchairs, inaccessible bathrooms and kitchen spaces and other modifications to ensure safety and well-being.

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	Centers for Independent Living will employ trained staff to coordinate the home accessibility modification program by identifying eligible seniors and procuring necessary contract labor, equipment and materials.	750,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Centers for Independent Living will purchase materials and labor to provide home modifications for low-	2,250,000

	income seniors to make their homes accessible.	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		3,000,000

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 American Association of Retired Persons (AARP) has created a "Livable Communities" initiative, which is supported by the Florida Department of Elder Affairs. AARP states that, "communities should provide safe, walkable streets; age-friendly housing and transportation options; access to needed services; and opportunities for residents of all ages to participate in community life." This project will support Florida's efforts to ensure our seniors have age-friendly housing.

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:

Funding to support home modifications for seniors is recognized as an essential solution for allowing seniors to remain in their communities by the US Dept. of HUD, the Florida Housing Finance Corporation, the Dept. of Elder Affairs, Medicaid Health Plans, and federal CMS.

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 be used to perform accessibility modifications for low-income seniors. The work will consist of bathroom remodeling, grab bar installation, door widening, wheelchair access ramp construction and other changes necessary to allow seniors with mobility impairments to remain in their homes.

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

Low-income seniors with disabilities or mobility impairments will receive access ramps, grab bars, widened entry ways and other modifications to allow them to live safely in their homes. These services will reduce the risk of falling and keep them from being placed in a nursing home or other non-community setting.

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 who are more independent and active enjoy a better mental health and have more positive attitudes about their lives.	Low-income seniors who receive home modifications will be surveyed about the impact their increased mobility has on their outlook and attitudes.
<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,	Accessibility modifications will reduce	Low-income seniors who receive

criminal, etc.)	the risk of falls and other injuries among seniors with mobility limitations. Seniors who can ambulate within their homes are less vulnerable to exploitation.	home modifications will be surveyed about the impact their increased mobility has on their ability to feel safe in their homes.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	These funds will increase local economic opportunities for construction and home repair companies and will result in the hiring of personnel to oversee the programs.	Number of contracts executed and additional personnel employed by Centers for Independent Living for home accessibility modifications.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Centers for Independent Living will contract with qualified professionals to perform accessibility modifications, which will create new job opportunities.	Number of contracts executed by Centers for Independent Living for home accessibility modifications.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Seniors whose homes are modified to be accessible will be able to live more independently without relying on publicly funded programs to meet their needs.	Seniors receiving home modification assistance will be surveyed upon completion of work to assess the impact on their ability to live independently.
<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:	3,000,000	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	3,000,000	100%	

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

No