

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Mount Olive Development Corporation - Senior Connection Senior Center Redevelopment

2. Date of Submission: 11/15/2019

3. House Member Sponsor: Bobby DuBose

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
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?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:					500,000	500,000

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.

N/A

6. Requester:

- a. Name: Rosalind Osgood
- b. Organization: Mount Olive Development Corporation
- c. Email: Drosgood@yahoo.com
- d. Phone #: (954)261-4398

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

- a. Name: Rosalind Osgood
- b. Organization: Mount Olive Development Corporation
- c. Email: Drosgood@yahoo.com
- d. Phone #: (954)261-4398

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Mount Olive Development Corporation
- 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 funds will be used to remodel an old 12,824ft Church Building that is currently vacant. The building will be totally gutted and transformed to a Senior Center with affordable housing for homeless persons over 65. The Center will have five 650 sq ft. apartments, two efficiencies, a fitness center, computer lab, library, kitchen and clothing bank.

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 type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Funds will be used to totally remodel an existing 12,876 sq. ft. building. The building will be gutted and transformed from an old church building to a Senior Citizen Center with affordable housing	500,000

TOTAL		500,000
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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:

Yes, we have letters of support from the Community Foundation of Broward, The United Way, The Urban League and Fort Lauderdale Mayor Dean Trantalis. We have major backing from the New Mount Olive Baptist Church. We have also been in conversation with Aetna, Broward Health and Jim Moran Foundation

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:

Yes the Silver Tsunami: Is Broward Ready Report by the Community Foundation, United Way and Jewish Federation identifies the specific needs and challenges facing Broward's elderly residents. We have had a feasibility study and cost analysis done by third party entities.

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?

Monday-Friday Seniors will participate in social activities, age appropriate fitness, health care education and computer training. Additionally there will be a doctor on site to offer screenings and medication management assistance. Finally 6 Seniors will occupy the affordable housing units. One Unit will be set aside for a Senior that is HIV positive.

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

The funds will be used to remodel the existing facility to create a one stop shop for Seniors to get medical care, workout, use the computer, socially engage, receive clothing, and healthy meals. The Facility will also contain five apartments and two efficiencies to provide affordable housing for homeless seniors 65 and over.

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): Individuals 65 and older and housing for 65 and older homeless

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	The population of older African Americans is expected to triple by 2050, highlighting the public health importance of understanding their mental health needs. Lack of studies focusing on how depression presents in older African Americans and their subsequent treatment needs lead to a gap in epidemiologic for this population. This component is designed to teach Seniors about behaviors that promote wellness. They will learn to develop and implement strategies to improve their individual health.	Pre and Post test and interviews to formulate a qualitative report
<input checked="" type="checkbox"/> Improve mental health	Social connections offer great benefits to your cognitive functions as well, leading to a sharper mind as you age. A 2013 ten- year study by Alan R. Teo, HawJung Choi, and Marcia Valenstein found that those who had the highest quality relationships had less than half the depression risk of those who lived with strained or unsupportive family and/or spousal relationships. This	Quarterly Survey

	component is designed to provide social experiences for our seniors through combining the arts to social services, art	
<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:	500,000	29.4%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	500,000	29.4%	No
4. Local:	500,000	29.4%	No
5. Other:	200,000	11.8%	Yes
TOTAL	1,700,000	100%	

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

No