

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Austin Hepburn Senior Mini Center - City of Hallendale Beach
2. Date of Submission: 11/15/2019
3. House Member Sponsor: Evan Jenne
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? 2019-20
- 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:		82,080	82,080		276,584	276,584

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.
Reimbursement of funding to the state.

6. Requester:

- a. Name: Beverly Sanders Mayweather
- b. Organization: City of Hallendale Beach, Austin Hepburn Center
- c. Email: bsanders@cohb.org
- d. Phone #: (954)457-1460

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

- a. Name: Beverly Sanders Mayweather
- b. Organization: City of Hallendale Beach, Austin Hepburn Center
- c. Email: bsanders@cohb.org
- d. Phone #: (954)457-1460

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

- a. Name: Stephanie Grutman Zauder
- b. Firm: Ballard Partners
- c. Email: Stephanie@BallardFL.com
- d. Phone #: (954)817-8007

9. Organization or Name of entity receiving funds:

- a. Name: City of Hallendale Beach
- 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 City of Hallandale Beach seeks to provide critically needed community-based services to persons aged 60 years plus. The program will be housed at the Austin Hepburn Center through the provision of recreational activities and transportation services to minimize social isolation, avoid and/or delay nursing home placement. The program will require approximately \$276,584 in funding in annual service to approximately 300 clients to be contracted through the Department of Elder Affairs.

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	Senior Services Supervisor, Social Worker II, PT Food Service Aide, 3 PT Van Drivers, RT Clerical Assistant	235,701
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Computer software maintenance, uniforms, travel, printing and binding, office supplies, special event supplies	20,223
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Computer instructor, cultural artists, special event guest speakers and performers	20,660
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		276,584

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 Dept. of Elder Affairs estimates the City of Hallendale Beach has approximately 14,003 residents over 60 years old. There has been widespread support for the Senior Programming at the Hepburn Center as evidenced by letters to the Mayor and City Commission as well as public comments during the City Commission Meeting. The Human Services Department seeks to serve this population with limited resources from the City and the requested money for Local Service Programs.

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:

Broward Regional Health Planning Council conducted a comprehensive baseline assessment and gap analysis of the age-friendliness of the community as part of the AARP Age-Friendly Communities Initiative.

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 City of Hallandale Beach, together with the Department of Elder Affairs, seeks to offer a year-round Senior Center to people 60 years plus. Clients will have the opportunity to participate in a wide array of recreational activities to address loneliness, isolation, increased depression, anxiety, reduced nutrition, and community engagement especially those who have lost a loved one. Elder-friendly transportation will be provided with enhanced support amenities for older adults.

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

Recreation activities: computer classes, educational forums, games, music enrichment, fitness activities, arts and crafts, ESOL, birthday and holiday celebrations. Transportation activities: field trips to museums, health fairs, botanic gardens, parks, movies, shopping, sightseeing excursions, concerts, pharmacy, and grocery store excursions, etc.

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	Participation in moderate intensity physical activity using resistance and aerobic training to increase exercise capacity, strength, flexibility and balance.	Rate of program participants engaging in physical activities such as cardio fit, chair exercise, health starts. Tai Chi, walking group, Yoga and Zumba. Client satisfaction survey.
<input checked="" type="checkbox"/> Improve mental health	Participation in a variety of classes, including crafts, computer classes, educational lectures, discussion groups, games, exercise classes, and field trips to maintain connection with greater community and mitigate social isolation.	Rate of participants. Client satisfaction survey.
<input checked="" type="checkbox"/> Enrich cultural experience	Participation in cultural arts and enrichment activities including field trips to museums, concerts, botanical gardens, concerts, plays and exhibits; engage in celebrations of birthdays, anniversaries and holidays to provide opportunities for socialization.	Rate of participants. Client satisfaction survey.
<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 checked="" type="checkbox"/> Improve transportation conditions	Elder-friendly transportation to meet special needs for field trips, grocery and pharmacy shopping to keep seniors mobile and engaged in the greater community.	Rate of program participants. Client satisfaction survey.
<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:	276,584	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	276,584	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