

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Alzheimer's Association Brain Bus
2. Date of Submission: 11/14/2019
3. House Member Sponsor: Scott Plakon
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: | | 349,410 | 349,410 | | 300,000 | 300,000 |

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.
Revocation of funds

6. Requester:

- a. Name: Angela McAuley
- b. Organization: Alzheimer's Disease and Related Disorders Association Inc. Florida Gulf Coast Chapter
- c. Email: admcauley@alz.org
- d. Phone #: (727)458-4846

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

- a. Name: Julie Shatzer
- b. Organization: Alzheimer's Disease and Related Disorders Association Inc. Florida Gulf Coast Chapter
- c. Email: jshatzer@alz.org
- d. Phone #: (727)458-2558

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

- a. Name: Jon Conley
- b. Firm: Alzheimer's Disease and Related Disorders Association Inc
- c. Email: jbconley@alz.org
- d. Phone #: (850)766-7478

9. Organization or Name of entity receiving funds:

- a. Name: Alzheimer's Disease and Related Disorders Association Inc. F
- b. County (County where funds are to be expended): Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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 primary goal of the Brain Bus is to support health concerns for people at higher risk for developing Alzheimer's disease and to support the ability of Alzheimer's caregivers to provide the highest quality of care for their loved ones. The secondary goal is to integrate a Healthy Brain Initiative Campaign into the existing Brain Bus program that will align with the Florida Department of Health's (FDOH) goal to become a BOLD Center of Excellence.

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 checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other | Funds will be utilized for administrative activities that support programs, projects and other activities including, but not limited to general administrative, accounting and budget, development activities, as well as cost associated with rent communications, office supplies, maintenance, postage and other expenses. | 46,401 |
| <input type="checkbox"/> d. Consultants/Contracted Services/Study | | |
| Operational Costs: | | |
| <input checked="" type="checkbox"/> e. Salaries and Benefits | 2.80 FTE - Salary and Benefits of staff directly working with the planning, scheduling, driving of the Brain Bus van and RV, and execution | 182,700 |

| | | |
|---|---|----------------|
| | of the Brain Bus programming. | |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Funds to be utilized to cover the costs associated with event registrations fees, insurance, fuel, maintenance, lodging, meals, and staff travel associated with providing services of the program. These funds will also support the costs associated with the Healthy Brain Initiative Campaign toolkit creation and distribution through 67 County Health Departments. | 70,899 |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 300,000 |

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?

No

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?

We will provide targeted outreach/support to individuals who otherwise might not learn about Association provided services and supporting people at higher risk for developing Alzheimer's to better understand the importance of brain health, the warning signs and benefits of an early diagnosis.

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

The Brain Bus is able to provide a variety of educational opportunities that include an explanation of who is at increased risk, how to reduce your risk, the early warning signs, the benefits of early detection, and information about diagnostic centers.

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): The Brain Bus's target population is women, underserved, isolated and/or rural families dealing with

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 checked="" type="checkbox"/> Improve mental health | Visitors will gain knowledge about the importance of brain health, the warning signs, and benefits of an early diagnosis. Visitors will also gain knowledge about Association provided services that will enable caregivers to continue to provide high quality and cost effective care for their loved one with Alzheimer's disease for as long as possible. | Measurement: How do you feel about the information you received today? Did you learn different ways to live a brain healthy lifestyle? Did you learn to identify the warning signs of Alzheimer's? If you are showing signs of Alzheimer's, do you feel like you know the steps to take? |
| <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): support Priority 9 - State Health Improvement Plan | Provide a toolkit for the Healthy Brain Initiative to the 67 county health departments in Florida that they may use to complete a required action to make Alzheimer's and related dementia a public health | Toolkit is completed and provided to the departments |

| | | |
|--|-----------|--|
| | priority. | |
|--|-----------|--|

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: | 300,000 | 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 | 300,000 | 100% | |

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

No