Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Thelma Gibson Health Initiative - Intergenerational Senior Apartments
2. Date of Submission: 11/15/2019
3. House Member Sponsor: Nicholas Duran
   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 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	**Additional Nonrecurring Request**	**TOTAL Nonrecurring plus Recurring Base Funds** (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					2,400,000	2,400,000

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.
   Awardee will reimburse state funding for non-performance of contract for failing to meet any deliverables

6. Requester:
   a. Name: Joseph King
   b. Organization: Thelma Gibson Health Initiative, Inc (TGHI)
   c. Email: jking@tghimiami.org
   d. Phone #: (305)446-1543

7. Contact for questions about specific technical or financial details about the project:
   a. Name: Joseph King
   b. Organization: Thelma Gibson Health Initiative, Inc (TGHI)
   c. Email: jking@tghimiami.org
   d. Phone #: (305)446-1543

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: Thelma Gibson Health Initiative, Inc (TGHI)
   b. County (County where funds are to be expended): Miami-Dade
   c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

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?

TGHI's West Coconut Grove residents are finding fewer affordable housing options as land values rise. More affordable housing is needed in good condition, located near healthcare/transportation. This community has a proud heritage of Bahamian & African-American immigrants who populated and helped build the Coconut Grove of the early 1900's. Our agency has acquired 15,900 square feet of property in the heart of the community & we seek to build 8 intergenerational senior apartments there.

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:		
☑a. Executive Director/Project Head Salary and Benefits	Funding award will occupy 50% of the project head's salary/benefits. $32.50 hr x 2,080 (40 hr per week for 52 weeks) = $67,600 x 50% of $67,600 = $33,800 Reduced Benefit Package, FICA/MICA 5.5% of full salary = $3,718	37,518
☑b. Other Salary and Benefits	Funding award will occupy 23% of one business manager's salary/benefits. $22.50 hr x 2,080 (40 hr per week for 52 weeks) = $46,800 - 23% of $46,800 = $10,764 Reduced Benefit Package, FICA/MICA 5.5% = $2,574	13,338
☐c. Expense/Equipment/Travel/Supplies/Other		
☑d. Consultants/Contracted Services/Study	Construction and Development Consultant (2) for agency project management and consultation during the development of this project.	41,600

	Scope of services include bid/selection of construction management, zoning, applications and communication with Miami-Dade County and City of Miami for maximizing resources and working to expedite building $50 hr x 8 hours week x 52 weeks each (x2 consultants)	
Operational Costs:		
☐e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	Development, Building and Construction of 8 intergenerational apartments for elderly with additional unit for assisted living. Construction would be bid and selected partnering with City of Miami and Miami-Dade County. As TGHI owns the land, development per unit average is under $150,000 per unit.	2,307,544
TOTAL		2,400,000

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:
Our agency has had one major foundation contribute $865,000 for assembling land for developing affordable housing targeting elderly and gentrified residents in Coconut Grove. The letter of award is dated May 2019 and can be provided; funds were wired to us May 2019 as well and our agency has assembled over 15,000 square feet owned solely by our agency.

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:
Florida has 427 designated opportunity zones, all of which are low-income communities. West Coconut Grove is an identified Opportunity Zone and The program provides a tax incentive for investors to re-invest their unrealized capital gains into Opportunity Funds that are dedicated to investing into Opportunity Zones; specific low-income areas, based on designations by governors. The sites are chosen by the state and then approved by the Federal government.

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 intergenerational housing model has a skilled nursing component which focuses on healthcare, semi-independent living, lifeskills and self-care. The goals of service are to pair nursing students with seniors and at discounted rental rates, the pairs work together to help the seniors age gracefully in place with activities and services such as meal prep, health classes and activities, arts, literature and social activities are integrated as well. Staff work on maintenance, landscape and work

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

Affordable housing for both seniors and workforce development with a community engagement component. There is live to work for the skilled nurses as well as affordable healthcare and services for the senior.

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
☑Improve physical health	Participants must have current physical on file, dental and vision exam on file	Participants who lack physical, dental and/or vision are referred to our partner CHI (Community Health of South Florida). Based on our contract with them, our staff will verify outputs.
☑Improve mental health	TGHI staff conduct assessments and write care plans for the seniors involved in the housing model	There will be classes for memory and motor skills and health professionals will assess improvement and maintenance directly working between the skilled nurses and TGHI staff
☑Enrich cultural experience	All residents will participate in cultural activities weekly that are set up by TGHI staff	All residents will be required to participate in one cultural experience activity weekly. There will be choices and experiences catered to all physical and mental health ability. TGHI staff will document and attend trips
☐Improve agricultural production/promotion/education		
☑Improve quality of education	Agency will provide quarterly health fairs/workshops to enhance participants quality of life, provide health education and enhance community engagement by offering classes which participants may not be aware of or have access to.	Pre and Post tests will be given at each workshop to determine understanding and knowledge of each topic.
☐Enhance/preserve/improve environmental or fish and		

wildlife quality		
☐Protect the general public from harm (environmental, criminal, etc.)		
☐Improve transportation conditions		
☐Increase or improve economic activity		
☐Increase tourism		
☑Create specific immediate job opportunities	There will be a need for 4 skilled nurses, 2 culinary specialists, 1 behavioral/physical activity coordinator and 1 maintenance support person. Each of these workers will reside in one of the 8 adjoining units and work at the intergenerational housing model providing services for the 8 elderly residents	All skilled nurses, culinary specialists, activity coordinators and maintenance support will be background screened and interviewed by the assigned TGHI staff. Position descriptions and job outcomes will be defined by staff and a weekly evaluation will be implemented to ensure all measurements and outcomes for each individual position are achieved
☐Enhance specific individual's economic self sufficiency		
☐Reduce recidivism		
☐Reduce substance abuse		
☐Divert from Criminal/Juvenile justice system		
☐Improve wastewater management		
☐Improve stormwater management		
☐Improve groundwater quality		
☐Improve drinking water quality		

☐Improve surface water quality		
☑Other (Please describe): Social Service and Health Services Benchmark(s) Achievement	Participants will all obtain a valid Florida ID Card, Birth Certificate, Social Security Card and health insurance.	Staff will work with all participants to collect and maintain valid documents necessary for quality of life. Copies of all documents kept on file.

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:	2,400,000	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	2,400,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?
No