

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Alzheimer's Project, Inc.
2. Date of Submission: 11/06/2017
3. House Member Sponsor: Loranne Ausley
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? 2017-18
- 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 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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:		150,000	150,000		150,000	150,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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.
n/a

6. Requester:

- a. Name: Debbie Moronie
- b. Organization: Alzheimer's Project, Inc.
- c. Email: debbie@alzheimersproject.org
- d. Phone #: (850)386-2278

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

- a. Name: Debbie Moronie
- b. Organization: Alzheimer's Project, Inc.
- c. Email: debbie@alzheimersproject.org
- d. Phone #: (850)386-2278

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: Alzheimer's Project, Inc.
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Franklin, Gadsden, Gulf, Jackson, Jefferson, Leon, Taylor, Wakulla, 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?

Continue expansion of services for caregivers and their loved ones to include assessment, case planning, case management, family counseling, support groups, crisis counseling, Social Day Respite, information and referral to persons diagnosed with Alzheimer's and other dementia's. In-home respite in Leon County through AmeriCorps, Project Life Save, a recovery system for wanderers.

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	3.5 FTE to provide assessments, direct service delivery, coordination and collaboration for expansion of services	150,000
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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)

N/A

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:

Alzheimer's Project has been discussed at the Florida Department of Elder Affairs publicly noticed Dementia Care and Cure Initiative (DCCI) statewide task force and the local DCCI Advisory Committee. 2014 Florida Tax Watch report.

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 Department of Elder Affairs Dementia Care and Cure Initiative, Governor's Purple Ribbon Task Force report, Alzheimer's Association Facts and Figures, ALICE Report (Feb. 2014), Agency Needs Assessment

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?

Assessment, case planning, case management, family counseling, counseling support groups, crisis counseling, information and referral, support to Social Day Respite, assessment for AmeriCorp, match of volunteers for in-home respite, caregiver education, Powerful Tools for Caregivers

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

Client assessment, case management, counseling and crisis counseling, support groups, information and referral, day respite, caregiver education, Powerful Tools for Caregivers

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): Caregivers and persons living with dementia or Alzheimer's Disease

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	<p>Caregivers will have the time to take care of their own physical needs including maintaining employment. Caregivers will be better equipped to manage the physical needs of their loved ones.</p>	<p>Caregiver Surveys demonstrate that respite and other services: ? Increase attention to physical health ? Increase information and knowledge on how to respond to loved ones needs ? Increase knowledge on resources available to support the caregiver and loved ones physical health ? Increase ability to maintain employment The increased ability to maintain employment while caring for a loved one in the home is also objectively measurable.</p>
<input checked="" type="checkbox"/> Improve mental health	<p>Caregivers report less stress and increased coping strategies. Increase level of well being for the caregiver and the individual living with dementia.</p>	<p>Caregiver Surveys demonstrate: ? Decrease in caregiving stress ? Increase in coping strategies ? Increase level of well being ? Increased ability to care for loved one in the home setting The number of caregivers who are able to care for their loved one in the home setting is also objectively measurable.</p>
<input checked="" type="checkbox"/> Enrich cultural experience	<p>Person living with dementia increase opportunities for socialization and cultural interactions supporting a family's choice to maintain caring for individual's with dementia in the family home.</p>	<p>Families avoid institutionalization of their loved one, while persons living with dementia are able to socialize outside of the home through respite day care. Measurable factors include: ? # of people using respite ? # of patients living at home # of recipients who have moved to a facility each year compared with a control group of non-recipients in similar circumstances.</p>

<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Student volunteers and interns experience high-quality educational experiences working with persons with dementia.	Surveys of volunteers and interns demonstrate valuable educational experiences that qualify for academic credit and job training experience.
<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 checked="" type="checkbox"/> Increase or improve economic activity	Caregivers are better able to maintain employment while having a loved one in the home.	Respite services are essential to the ability for many caregivers to hold a job while caring for a loved one.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Respite services are essential to the ability for many caregivers to hold a job while caring for a loved one.	The maintenance of these 3.5 FTE support specific and immediate job opportunities for skilled workers.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Caregivers financial burden is lessened as a result of free or reduced facility respite support.	The numbers of facility day respite hours provided x average hourly cost.
<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 2018-19 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:	150,000	21.1%	N/A
2. Federal:	102,410	14.4%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	97,000	13.6%	Yes
5. Other:	362,111	50.9%	No
TOTAL	711,521	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 2018-19 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