

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Center for Independent Living Central Florida, Inc. - Central Florida Health and Safety for Seniors
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Gayle Harrell
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:		375,000	375,000		400,000	400,000

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.
Return of funds to the State

6. Requester:

- a. Name: Elizabeth Howe
- b. Organization: Center for Independent Living in Central Florida, Inc.
- c. Email: ehowe@cilorlando.org
- d. Phone #: (407)623-1070

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

- a. Name: Elizabeth Howe
- b. Organization: Center for Independent Living in Central Florida, Inc.
- c. Email: ehowe@cilorlando.org
- d. Phone #: (407)623-1070

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

- a. Name: Georgia McKeown
- b. Firm: McKeown & Associates
- c. Email: georgia@gamckeown.com
- d. Phone #: (904)303-1611

9. Organization or Name of entity receiving funds:

- a. Name: Center for Independent Living in Central Florida, Inc.
- b. County (County where funds are to be expended): DeSoto, Hardee, Highlands, Orange, Osceola, Polk, Seminole
- c. Service Area (Counties being served by the service(s) provided with funding): DeSoto, Hardee, Highlands, Orange, Osceola, Polk, Seminole

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?

To promote independent living for seniors and others with disabilities by providing home accessibility, fall prevention services and training in an effort to prevent placement in nursing home facilities.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	20% of project to directors salary and benefits	15,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Includes administrative costs for insurance, travel, equipment, supplies and other administrative expenses.	5,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Two FTE direct service staff salaries and benefits	102,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Program expenses, supplies, travel, facilities and equipment	178,750
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Home accessibility and fall prevention training contracted services	99,250
Fixed Capital Construction/Major Renovation:		

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

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:

Sponsors and letters of support include: Publix Charities Foundation, The Home Depot Foundation, Orange County Government

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?

A home accessibility service and training program for seniors.

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

provide home modification, assistive or adaptive equipment and fall preventio training.

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	Prevent falls and other injuries to seniors with disabilities living in their own homes.	Post survey at three and six months to determine if any falls have occurred.
<input checked="" type="checkbox"/> Improve mental health	PROMOTE INDEPENDENCE OF SENIOR CITIZENS WITH DISABILITIES BY ALLOWING THEM	POST SURVEY AT SIX MONTHS AND ONE YEAR TO DETERMINE THE NUMBER OF INDIVIDUALS

	TO CONTINUE LIVING IN THEIR HOMES AND REMAINING INVOLVED IN THEIR COMMUNITY THEREBY IMPROVING THEIR QUALITY OF LIFE.	SERVED WITH HOME ACCESSIBILITY SERVICES STILL RESIDING IN THEIR OWN HOME.
<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 checked="" type="checkbox"/> Increase or improve economic activity	SAVINGS TO STATE OF \$8,750,000 BY DIVERTING MEDICAID LONG-TERM ELIGIBLE INDIVIDUALS FROM NURSING HOME PLACEMENT.	THE ANNUAL SAVING TO THE STATE OF \$87,500 PER PROJECT PARTICIPANT X 100 OF PROJECT PARTICIPANTS IS \$8,750,000: Annual cost per project participant \$375,000/100 = \$3,750 (ANNUAL AVERAGE COST PER PERSON RESIDING IN A NURSING HOME IS \$91,250 - \$3,750 = \$87,500)
<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 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:	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	400,000	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