



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of Lauderdale Lakes Alzheimer Care Center Services Expansion

2. **Senate Sponsor:** Perry Thurston

3. **Date of Submission:** 10/23/2017

4. **Project/Program Description:**

The Alzheimer Care Center Service Expansion would incorporate a new service focused on individuals that are experiencing early signs of dementia and advancement of the Alzheimer’s Disease. Expanded services to 100 additional clients would include support coordination, extensive therapy, age appropriate activities and medical care for individuals with early onset Alzheimer’s Disease.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Elder Affairs

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
100,000		100,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	100,000	50.0%
Other	0	0.0%
TOTAL	100,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 200,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	A	B	C
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

The expansion of Alzheimer Care Center services will deliver additional resources to enhance quality of life for a growing number of individuals showing early signs of Dementia or the Alzheimer's Disease.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

The City of Lauderdale Lakes will provide medical care services, respite services and caregiver support services to enhance quality of life.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Funds for equipment, supplies and related costs to expand caregiver support coordination, respite care, therapy and medical care services.	100,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

d. What are the direct services to be provided to citizens by the appropriations project?

Expanded medical care, respite care and caregiver support coordination will be provided to citizens.

e. Who is the target population served by this project? How many individuals are expected to be served?

The individuals with the Alzheimer's disease will be served by this project. This project will serve a minimum of one hundred (100) clients and caregivers.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The expansion of the Alzheimer Care Center services will assist in providing resources for unmet demands for medical care, respite care and caregiver coordination for individuals showing early signs of Dementia and the Alzheimer's Disease. The methodology to measure the outcome is the increase in medical care resources and respite care services.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

The current standard penalties for noncompliance are adequate.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

City of Lauderdale Lakes

13. Requestor Contact Information:

- a. **Name:** Phil Alleyne
- b. **Organization:** City of Lauderdale Lakes
- c. **Email:** phila@lauderdalelakes.org
- d. **Phone Number:** (954)535-2740



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14. Recipient Contact Information:

a. **Organization:** City of Lauderdale Lakes

b. **County:** Broward

c. **Organization Type:**

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Entity

University or College

Other (Please specify) Municipality

d. **Contact Name:** Phil Alleyne

e. **E-mail Address:** phila@lauderdalelakes.org

f. **Phone Number:** (954)535-2740

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. **Name:** Yolanda Cash

b. **Firm:** Becker & Poliakoff

c. **Email:** YJackson@bplegal.com

d. **Phone Number:** (954)985-4135