



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Memory Mobile

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 11/15/2017

4. **Project/Program Description:**

Memory Mobile / Alzheimer's Mobile Unit: The goal of this project is to increase awareness of support and medical services for citizens impacted by Alzheimer's disease or related dementias and to streamline them into services that reduce the negative impacts caregivers and people living with Alzheimer's or a related dementia experience. This is done by offering a mobile Alzheimer's unit that provides free education, programs, materials, information services and care consultations. The Memory Mobile will serve as a mobile office providing service stops in Charlotte, Citrus, Collier, DeSoto, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota and Sumter. A minimum of 100 stops will be provided throughout the fiscal year. Visitors will gain knowledge regarding the 10 Warning Signs of Alzheimer's disease and related dementias, and will know where to go to obtain a diagnosis and follow-up services.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Elder Affairs

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

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 100,000

9. **Previous Year Funding Details:**



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- Has funding been provided in a previous state budget for this activity? Yes
- In the previous 5 fiscal years, how many years was funding provided? (Optional) 5
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
	Column:	A	B
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			100,000
			100,000

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

Yes

- If yes, indicate non-recurring amount per year.

\$100,000

11. Program Performance:

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

Memory Mobile / Alzheimer's Mobile Unit: The goal of this project is to increase awareness of support and medical services for citizens impacted by Alzheimer's disease or related dementias and to streamline them into services that reduce the negative impacts caregivers and people living with Alzheimer's or a related dementia experience. This is done by offering a mobile Alzheimer's unit that provides free education, programs, materials, information services and care consultations. The Memory Mobile will serve as a mobile office providing service stops in Charlotte, Citrus, Collier, DeSoto, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota and Sumter. A minimum of 100 stops will be provided throughout the fiscal year. Visitors will gain knowledge regarding the 10 Warning Signs of Alzheimer's disease and related dementias, and will know where to go to obtain a diagnosis and follow-up services.

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

The goal of this project is to increase awareness of support and medical services for citizens impacted by Alzheimer's disease or related dementias and to streamline them into services that reduce the negative impacts caregivers and people living with Alzheimer's or a related dementia experience. This is done by offering a mobile Alzheimer's unit that provides free education, programs, materials, information services and care consultations. The Memory Mobile will serve as a mobile office providing service stops in Charlotte, Citrus,



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Collier, DeSoto, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota and Sumter. A minimum of 100 stops will be provided throughout the fiscal year. Visitors will gain knowledge regarding the 10 Warning Signs of Alzheimer's disease and related dementias. Visitors expressing concern about one or more of the 10 Warning Signs will know where to go to obtain a diagnosis.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	0.05 FTE Salary and Benefits for Vice President of Programs to oversee and monitor the program.	4,560
<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 checked="" type="checkbox"/> Salary and Benefits	1.65 FTE Salary and Benefits to provide the services of the Memory Mobile	64,840
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Funds to be utilized to cover the costs associated with insurance, fuel , maintenance, printing, lodging, meals and staff travel associated with providing the services of the Memory Mobile.	30,600
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000



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

Mobile services include free education, programs, materials, information services and care consultations. The Memory Mobile will serve as a mobile office providing service stops in Charlotte, Citrus, Collier, DeSoto, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota and Sumter. A minimum of 100 stops will be provided throughout the fiscal year.

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

Citizens in Charlotte, Citrus, Collier, DeSoto, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota and Sumter who are in need of resources, education, support and consult about diagnosis and care related to Alzheimer's and other dementias for themselves, their loved ones and their families.

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

Memory Education – Program staff will work one-on-one with visitors to the Memory Mobile to provide information on 10-warning signs of Alzheimer's or other related dementias. Staff will work with individuals to determine if they are experiencing one or more warning signs, and if necessary provide referrals to obtain an accurate diagnosis. Care Consults – For people living with Alzheimer's or a related disorder and/or their caregivers, staff will meet with them privately in the Memory Mobile to help them understand dementia, prepare them for the changes they may see in the future, manage day-to-day challenges, make plans for the future and identify local resources that can provide support and assistance. Information Services – Visitors to the Memory Mobile will be provided with informational materials regarding Alzheimer's disease and related disorders, caregiving topics, Alzheimer's Association services and community resources that are available to assist them.

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 program is monitored annually by the Area Agency on Agency of Southwest Florida and any necessary corrective actions are worked through with this monitoring agency.

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.

N/A

13. Requestor Contact Information:

- a. **Name:** Angela McAuley, Regional Leader
- b. **Organization:** Alzheimer's Association
- c. **Email:** admcauley@alz.org
- d. **Phone Number:** (727)259-2322

14. Recipient Contact Information:

- a. **Organization:** Alzheimer's Association



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b. County: Charlotte, Citrus, Collier, DeSoto, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota, Sumter

c. Organization Type:

- ☐ For Profit
- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Michelle Branham

e. E-mail Address: mbranham@alz.org

f. Phone Number: (904)281-9077

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

a. Name: Natalie Kelly

b. Firm: Acclaims Strategies

c. Email: natalie@acclaimstrategies.net

d. Phone Number: (727)822-6828