



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Alzheimer's Project, Inc.

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 12/01/2017

4. **Project/Program Description:**

Assessment, Case Planning, Case Management, Support Groups across 10 counties, Supportive Counseling, Crisis Counseling, Social Day Respite, Family Counseling and Information & Referral services to persons diagnosed with Alzheimer's or other dementia's in rural north Florida.

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
150,000		150,000

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

Type	Amount	Percent
Federal	102,410	14.4%
State (excluding the amount of this request)	0	0.0%
Local	97,000	13.6%
Other	362,111	50.9%
TOTAL	561,521	78.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 711,521

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 4

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>		<b>150,000</b>	<b>150,000</b>

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

Yes

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

\$150,000 per year.

**11. Program Performance:**

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

Expansion of services in the 10 county area and on going operational support for expansion.

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

Day Respite, Support Groups, Case Management & Counseling, Education & Training, Powerful Tools for Caregivers.

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 checked="" type="checkbox"/> Salary and Benefits	3.5 FTE Social Workers to	150,000



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	provide assessments, direct service delivery, coordination and collaboration for expansion of services, support on going service expansion.	
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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

Facility based respite/socialization for those living with Alzheimer's and other dementia's and their caregivers, support groups, case management and counseling, education and training.

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

498 families will be served and 300 caregivers will improve physical and mental health of caregivers, decrease isolation and physical and mental engagement of those living with Alzheimer's and Dementia. Delay or diversion from nursing homes and other facilities, increase knowledge to improve caregiving by family members. Caregiver survey's, numbers served, numbers who use services, number of clients remaining in the home.

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

Delay and avoid institutionalization; reduce caregiver stress. Through survey's and number of people who do not enter a facility or do not enter until late stage.

**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?**

Organization is currently meeting deliverables and does not see this changing.

**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:** Debbie Moroney
- b. **Organization:** Alzheimer's Project, Inc.



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- c. **Email:** debbie@alzheimersproject.com
- d. **Phone Number:** (850)386-2778

### 14. Recipient Contact Information:

- a. **Organization:** Alzheimer's Project, Inc.
- b. **County:** Leon
- 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:** Debbie Moroney
- e. **E-mail Address:** debbie@alzheimersproject.com
- f. **Phone Number:** (850)386-2778

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

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**