



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Guardian Care Adult Day Care Facility

2. **Senate Sponsor:** Randolph Bracy

3. **Date of Submission:** 12/15/2017

4. **Project/Program Description:**

This project is to obtain capital funding to renovate an existing building owned by Guardian Care, Inc. for the purpose of establishing an Adult Day Care for persons with dementia and 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
30,000	770,000	800,000

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	50,000	5.9%
Other	0	0.0%
TOTAL	50,000	5.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 850,000

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?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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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	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?

A reduction in the cost of healthcare for adults with dementia and Alzheimer's and their families. The Adult Day Care will allow those persons to live with family/caregivers instead of in a facility. Participants can attend the day care during the week with frequency that allows caregivers to address other important responsibilities such as work or rearing children.

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

General services offered to each participant will include (1) assistance with daily living/personal care based on the participant's capabilities, (2) physical, occupational and speech therapy, (3) management of medication, (4) physician appointments on-site, (5) meals and snacks, (6) educational activities, (7) social activities to encourage interaction, (8) therapeutic activities, and transportation services

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		



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<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Purchase of (2) 12 passenger vans	30,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Building renovations, Planning, Architectural and Engineering	770,000
TOTAL		800,000

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

The Adult Day Care will be available to any citizen in the Greater Orlando area who has dementia or Alzheimer's and a need for daily care.

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

The day care will serve adults that have been diagnosed with dementia or Alzheimer's disease.

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

The effectiveness of the service to participants will be measured using Individual Service Plans. Each participant will be assessed upon entering the day care and quarterly thereafter. The Individual Service Plans will be designed to show changes in the physical, social and mental functions of the participant.

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 Agency for Health Care Administration will issue the license, monitor and evaluate the operations and performance of the adult day care facility. Failure to meet that agency's performance requirements can result in deficiencies, fines and ultimately, the closure of the facility

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.

The Adult Day Care facility will be a subsidiary of its parent corporation, Guardian Care Nursing and Rehabilitation Center, Inc.

13. Requestor Contact Information:

- a. **Name:** Lelia W. Allen
- b. **Organization:** Community-Ideas, LLC
- c. **Email:** l.w.allen53@gmail.com
- d. **Phone Number:** (407)719-0454



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14. Recipient Contact Information:

a. **Organization:** Guardian Care Nursing and Rehabilitation Center, Inc.

b. **County:** Orange

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:** Tom Flewellyn

e. **E-mail Address:** tflawellyn@synergyhealthcare.us

f. **Phone Number:** (407)295-5371

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

a. **Name:** None

b. **Firm:** None

c. **Email:**

d. **Phone Number:**