



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Central Florida Health and Safety for Seniors Pilot Project

2. **Senate Sponsor:** Kelli Stargel

3. **Date of Submission:** 01/03/2018

4. **Project/Program Description:**

Center for Independent Living In Central Florida, Inc. - Central Florida Health and Safety for Seniors Pilot Project

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
375,000		375,000

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):** 375,000

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) 1

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.



The Florida Senate

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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:		375,000	375,000

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

Yes

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

375,000

11. Program Performance:

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

To prevent nursing home institutionalization for seniors with disabilities by providing home accessibility services that keep them safe and in their homes.

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

Through home accessibility services, we are able to ensure seniors with disabilities remain in their home or return successfully from nursing homes.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	20% of project director's salary and benefits	15,000
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Includes administrative costs for insurance, travel, equipment, supplies, and other administrative expenses.	5,000



The Florida Senate

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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Two FTE direct service staff salaries and benefits.	97,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Program expenses, supplies, travel, facilities, and equipment.	158,750
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Home accessibility and fall prevention training contracted services.	99,250
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		375,000

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

Home accessibility services to seniors with disabilities.

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

Senior citizens with disabilities at risk of premature nursing home placement.

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

To provide the above services to the demographic possible decreasing the amount of premature nursing home placements; avoiding costly Medicaid nursing home placement.

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?

None

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: Georgia McKeown

b. Organization: McKeown & Associates



The Florida Senate

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- c. Email: georgia@gamckeown.com
- d. Phone Number: (904)303-1611

14. Recipient Contact Information:

- a. Organization: Center for Independent Living In Central Florida, 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: Elizabeth Howe
- e. E-mail Address: ehowe@cilorlando.org
- f. Phone Number: (407)623-1070

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

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