



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1493

1. **Title of Project:** Palm Beach Habilitation Center Cultural Arts Build

2. **Senate Sponsor:** Kevin Rader

3. **Date of Submission:** 02/11/2019

4. **Project/Program Description:**

The Memory Care Group Home will provide specialized supports and services to six individuals who have been diagnosed with a Developmental Disability and have a diagnosis of Alzheimer's, Dementia, or other age related limitation. The Memory Care Group Home will be one of the first, if not the first, residential setting specifically designed to meet the unique needs of this population in the State of Florida. The Palm Beach Habilitation Center has a long history of providing both residential services and senior retirement services. This makes the Center uniquely situated to address the specific needs of this population. With access to better health care and nutrition these individuals are living longer and are now experiencing age related limitations. The size of this aging population is growing rapidly and there are not programs that are being designed to address these needs. The Memory Care Group Home can serve as a model program for other agencies to emulate.

5. **State Agency to receive requested funds :** Agency for Persons with Disabilities

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	1,000,000	65.9%
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	517,000	34.1%
Total Project Costs for Fiscal Year 2019-2020	1,517,000	100.0%

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. **Is future-year funding likely to be requested?** No



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Site Plan, Engineering, Construction Cost of building	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

11. Program Performance:

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

The Memory Care Group Home will provide residential supports and services to six individuals who have a Developmental Disability and have been diagnosed with Alzheimer's, Dementia, or other age related limitation. This will be one of the first, if not the first, Group Home in Florida specifically designed to meet the unique needs of this population. This Group Home will allow individuals who need additional support to remain in their community based living setting.

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

Six individuals with Developmental Disabilities and Alzheimer's, Dementia, or other age related limitation will receive personalized supports to meet the decline in their mental and physical capacity and capabilities.

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

Personal supports in all areas of Adult Daily Living Skills including assistance with feeding, toileting, showering, and dressing. Medical oversight and medication administration assistance. Supervision and support to assure each resident's health and safety. Specialized supports and services will be provided to address the unique combination of needs relating to their Developmental Disability and their diagnosis of Alzheimer's, Dementia, or other age related limitation.

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

Six individuals with Developmental Disabilities (Intellectual Disabilities, Autism, Down Syndrome, Spina Bifida, Cerebral Palsy, and Prader-Willi Syndrome) who have also been diagnosed with Alzheimer's, Dementia, or other Age Related Limitations.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome



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will be measured?

Participation in the Memory Care Group Home will allow program participants to continue living in a community based residential setting specifically designed to meet their unique needs rather than receiving services in an Assisted Living Facility, Nursing Home, or traditional Group Home.

f. 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?

Cost are only for preparation of the land and construction costs. Funds will reimburse construction and planning costs paid by the Palm Beach Habilitation Center.

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.

Palm Beach Habilitation Center, Inc. is the non-profit organization requesting funding.

13. Requestor Contact Information:

- a. **Name:** David Lin
- b. **Organization:** Palm Beach Habilitation Center, Inc.
- c. **E-mail Address:** dlin@pbhab.com
- d. **Phone Number:** (561)965-8500 Ext. 303

14. Recipient Contact Information:

- a. **Organization:** Palm Beach Habilitation Center, Inc.
- b. **County:** Palm Beach
- 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:** David Lin
- e. **E-mail Address:** dlin@pbhab.com
- f. **Phone Number:** (561)965-8500 Ext. 303

15. Lobbyist Contact Information

- a. **Name:** Chris Coker
- b. **Firm Name:** Coker Consulting, LLC
- c. **E-mail Address:** chris@cokerconsultingfl.com
- d. **Phone Number:** (850)570-5432