



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1616

1. Title of Project: Little Havana Activities and Nutrition Center - Respite Services for Caregivers

2. Senate Sponsor: Anitere Flores

3. Date of Submission: 02/07/2019

4. Project/Program Description:

An estimated 35 caregivers will receive approximately 520 hours of respite services, at 2 hours of respite care per day, 5 times per week. Outcome: 66% of the clients receiving meals will maintain or improve their nutrition score. Methodology: Compare initial assessment score to annual reassessment score utilizing the DOEA Uniform Assessment Tool 701.

5. State Agency to receive requested funds : Department of Elder Affairs

State Agency Contacted? No

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

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	
Total State Funds Requested	250,000

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)	250,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	250,000	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? Yes

a. If yes, indicate non-recurring amount per year. \$250,000

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

Spending Category	Description	Amount
-------------------	-------------	--------



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1616

Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Salaries and benefits for the program administrator that oversees the program.	18,000
Other Salary and Benefits	Salaries and benefits for the accounting staff assigned to the program.	7,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Direct expense of Certified Nurse Assistants providing the respite service.	225,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		250,000

11. Program Performance:

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

Improve access to quality of life for caregivers.

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

An estimated 35 caregivers will receive approximately 520 hours of respite services, at 2 hours of respite care per day, 5 times per week.

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

Clients will receive respite care services in their homes.

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

Caregivers of frail, elderly persons 60 years of age or older. An estimated 35 caregivers.

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

Outcome: 1.) Percentage of family and family assisted caregivers who self-report they are very likely to provide care to their loved ones with this service. Measure: 89 percent of the caregivers. Outcome: 2.) Percentage of new service recipients whose ADL assessment score has been maintained or improved. Measure: 63 percent of client's ADL/IDL score is maintained or improved. Method of Measuring Outcome: DOEA client assessment/re-assessment score comparison

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?

Not funding the request a subsequent year.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1616

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:** Rafael Iglesias
- b. **Organization:** Little Havana Activities & Nutrition Centers of Dade County, Inc.
- c. **E-mail Address:** RIglesias@LHANC.org
- d. **Phone Number:** (305)858-0887 Ext. 1274

14. Recipient Contact Information:

- a. **Organization:** Little Havana Activities & Nutrition Centers of Dade County, Inc.
- b. **County:** Miami-Dade
- 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:** Betty Ruano
- e. **E-mail Address:** BRuano@Lhanc.org
- f. **Phone Number:** (786)234-6524

15. Lobbyist Contact Information

- a. **Name:** Andreina D. Figueroa
- b. **Firm Name:** ADF Consulting
- c. **E-mail Address:** ADF@ADFConsulting.com
- d. **Phone Number:** (786)586-7001