



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2090

1. Title of Project: Safe Access for Seniors and Individuals with Disabilities

2. Senate Sponsor: Jeff Brandes

3. Date of Submission: 02/19/2019

4. Project/Program Description:

With an aging housing stock that is inaccessible, coupled with an equally aging population, aging in place is a solution to a burgeoning affordable housing problem. The project seeks to install recyclable aluminum ramps for seniors and persons with disabilities who have no other means of obtaining ingress/egress from their homes.

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	500,000
Fixed Capital Outlay	
Total State Funds Requested	500,000

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)	500,000	100.00%
Federal		0.00%
State (excluding the amount of this request)		0.00%
Local		0.00%
Other		0.00%
Total Project Costs for Fiscal Year 2019-2020	500,000	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. \$200,000

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

Spending Category	Description	Amount
Administrative Costs:		



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Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Evaluate property for design and cost, purchase ramp stock or porch lift components, and installation or removal of aluminum recyclable ramps or lifts for seniors or individuals with disabilities in Pinellas and Pasco counties.	500,000
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		
Total State Funds Requested (must equal total from question #6)		500,000

11. Program Performance:

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

Recipients of a ramp will be able to age in place and continue to contribute to their communities instead of being forced into institutionalization or homelessness.

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

Property evaluation for drawings and cost, purchase of required ramp stock or porch lift components, and installation or removal of aluminum recyclable ramps or lifts for seniors or individuals with disabilities in Pinellas and Pasco counties..

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

Physical access for individuals with disabilities and seniors with installation of an access ramp outside the home.

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

Individuals with disabilities and seniors will receive ramps or porch lifts needed to access the community.

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

Recipients will be able to safely age in place. We query all persons who receive our services annually through a paper survey that asks pertinent questions to gauge program effectiveness.

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?

The agency's standard contract penalties are sufficient.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the



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relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Jody Armstrong
- b. **Organization:** Caring & Sharing Center for Independent Living, Inc., DBA Disability Achievement Center
- c. **E-mail Address:** jodya@mydacil.org
- d. **Phone Number:** (727)539-7550 Ext. 238

14. Recipient Contact Information:

- a. **Organization:** Caring & Sharing Center for Independent Living, Inc.
- b. **County:** Pinellas
- 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:** Joseph DiDomenico
- e. **E-mail Address:** joed@mydacil.org
- f. **Phone Number:** (727)539-7550

15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**