



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1155

1. **Project Title** 2. **Senate Sponsor** 3. **Date of Request** 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. The Memory Care Group Home will be Hurricane Hardened. This will allow the residents to "Shelter In Place" which will reduce anxiety and confusion during a time of a natural disaster such as a Hurricane. Residents will be provided support and supervision at their residence. The Memory Care Group Home can serve as a model program for other agencies to emulate.

5. **State Agency to receive requested funds** State Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input type="text" value="000"/>
Fixed Capital Outlay	<input type="text" value="1,000,000"/>
Total State Funds Requested	<input type="text" value="1,000,000"/>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input type="text" value="1000000"/>	<input type="text" value="100.0"/> %
Matching Funds		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="00"/>	<input type="text" value="0"/> %
Other	<input type="text" value="00"/>	<input type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	<input type="text" value="1,000,000"/>	<input type="text" value="100"/> %

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

If yes, indicate nonrecurring amount per year.



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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: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construction Cost of building	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000



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11. Program Performance

a. What specific purpose or goal 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. The Memory Care Group Home will be Hurricane Hardened which will allow the residents to "Shelter In Place". This Group Home will allow individuals who need additional support to remain in their community based living setting.

b. What activities and services 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. Specialized supports will also be provided to the residents during a natural disaster which will allow them to "Shelter In Place".

c. What direct services will be provided to citizens by the appropriation 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. Supports and Services will also be provided at their home during natural disasters.

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 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. The ability to "Shelter In Place" during a natural disaster will also reduced the burden of support from the Emergency Management Systems.

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 construction costs. Funds will reimburse construction and planning costs paid by the Palm Beach Habilitation Center.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

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

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☒ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.