



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1347

1. **Project Title** Easter Seals Capital Improvement Project2. **Senate Sponsor** Anitere Flores3. **Date of Request** 11/15/20194. **Project/Program Description**

Easterseals South Florida (ESSF) is a 501 c(3), that has been a leading provider of disability services since its founding in Miami, Florida, in 1942. ESSF is requesting funding to support the replacement of its 32-year old HVAC system and to complete upgrades within its facility located in Miami. The facility houses an adult day care for adults with Alzheimer's disease and other memory disorders as well as the agency's administrative offices. The instability of the current HVAC system sometimes leads to unexpected closings due to the frailty of the adults participating in our program.

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

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	500,000
Total State Funds Requested	500,000

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)	500000	55.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	350,000	39 %
Other	50,000	6 %
Total Project Costs for Fiscal Year 2020-2021	900,000	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		

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	Capital improvements to the facility; replacing 30+ years old HVAC system and facility upgrades.	500,000
Total State Funds Requested (must equal total from question #6)		500,000



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11. Program Performance

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

Replacing the roof, HVAC, and its infrastructure, installation of an energy management system and the renovation of interior spaces have reached a crucial juncture for the organization. Due to the advanced age of the existing HVAC system, unforeseen outages and costs to respond to these issues are increasing in frequency. A total replacement of the HVAC system and facility upgrades will enable the agency to better meet the needs of those we serve and will eliminate HVAC outages which are disruptive to program services.

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

The Center will continue to provide adult care for adults living with Alzheimer's disease and other memory disorders serving clients twelve hours a day and six days per week. Currently, more than 110 families are being served in the adult day care center.

- c. What direct services will be provided to citizens by the appropriation project?

Adult care services and caregiver support are provided to relieve families' care-giving burden for their loved one living with Alzheimer's disease and dementia. The day care provides evidence-based programming that is shown to ameliorate the symptoms of dementia. Program participation replaces the social isolation that often precedes family members' seeking out social services. Program supports and therapeutic activities are designed to stimulate cognitive engagement and physical activity.

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

110 adults will receive adult day care services and 110 families will receive care-giving respite.

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

The following program outcomes are measured for the Adult Day Care: % of clients who remain living in the community: Target: > 90%; % of family caregivers who report decreased feelings of burden (using the Zarit's questionnaire): Target: >80%; % of family caregivers who report services provided by Easter Seals have maintained or improved their ability to continue providing care: Target:>90%;% of program participants who maintain or improve their health goals: Target: >90%; % of participants without access to community resources being linked to community services including Medicaid, transportation, and home delivered meals: Target >85%.

- 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 agrees the funds required to support the project would be reimbursed based on actual spending to support the actual expenses incurred. In the unanticipated case that funds are expended but the project not completed, remaining funds would not be disbursed until project is completed.



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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.**

Easter Seals South Florida is a 501c3, non profit organization and is therefore self-owned. A Board of Directors oversees operations.

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.