



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1474

1. **Project Title** Alzheimer's Project, Inc.2. **Senate Sponsor** Bill Montford3. **Date of Request** 10/21/20194. **Project/Program Description**

Those caregiving and living with Alzheimer's or another Dementia need help now. There are few resources other than the Alzheimer's Project and several nursing home facilities serving the rural counties in the Big Bend Region - Liberty, Calhoun, Madison, Washington, Jackson, Gulf, Franklin, Wakulla, Gadsden, Jefferson, and Taylor. Through legislative support Alzheimer's Program has continued to build support for individuals in the rural areas through increased case management, support groups and education. Facility respite is offered in Jackson, Gulf, Wakulla, Gadsden and Leon. Trust is a big issue in these counties and funding of these services will assist people in being diagnosed earlier, create plans for care at an earlier stage promoting aging in place and delay costly institutionalization. Expand to include in Leon County the Integrated Memory Enhancement program for those early diagnosed or early stage to slow the progression of the disease through a research based curriculum.

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	200,000
Fixed Capital Outlay	000
<b>Total State Funds Requested</b>	200,000

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)	200000	67.0 %
<b>Matching Funds</b>		
Federal	20,000	7 %
State (excluding the amount of this request)	55,000	19 %
Local	20,000	7 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	295,000	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		
2019-20	00	100,000	395	No

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

If yes, indicate nonrecurring amount per year. 170,000



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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		<input style="width: 100%;" type="text"/>
Other Salary and Benefits		<input style="width: 100%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 100%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 100%;" type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits	3.5 FTE to provide direct service delivery and coordination, recruit and train volunteers, and collaborate to maximize services in each area. Implement the Integrated Memory Enhancement Program for early diagnosed.	<input style="width: 100%;" type="text" value="123,347"/>
Expense/Equipment/Travel/Supplies/Other	4 Dealing with Dementia Classes -Books@ \$40 each= \$3200 Powerful Tools for Caregivers Classes - Books \$30.00 each \$2400 Mileage to homes and educational sites = \$9500 Printing of activity sheets, flyer's for advertising \$2500 Supplies & Mailings \$2500 Lap top computers \$985	<input style="width: 100%;" type="text" value="36,783"/>
Consultants/Contracted Services/Study	Respite Coordinator \$6120 Leon Certified Nursing Assistant \$6930 Leon Respite coordinator \$6120 Jackson Certified Nursing Assistant \$6930 Jackson 2 Integrated Memory Enhancement Facilitators \$13,770	<input style="width: 100%;" type="text" value="39,870"/>
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		<input style="width: 100%;" type="text"/>
<b>Total State Funds Requested (must equal total from question #6)</b>		<input style="width: 100%;" type="text" value="200,000"/>



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#### 11. Program Performance

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

To increase awareness about the disease, seek diagnosis earlier, to support the caregiver with tools and information to reduce stress of caregiving and to take care of their own physical and mental health and to delay costly institutionalization.

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

Assessments, care planning, case management, counseling support groups, crisis counseling, information and referral, referrals to social day respite, Powerful Tools and Dealing with Dementia Classes, Alzheimer's Project Education Series. Implementation of the Memory Enhancement Program for those diagnosed early or with early onset.

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

Client assessments, care planning, support groups, crisis counseling, information and referral, day respite, Alzheimer's Project Education Series, , Powerful Tools for Caregivers classes, Dealing with Dementia Classes, Integrated Memory Enhancement Classes.

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

Familial caregivers and those living with dementia. Expect to serve 150-200 individuals.

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

Increase knowledge of resources available.  
Increase in caregiver attention to physical health and well being.  
Increase knowledge in how to respond to client needs.  
Increase socialization for loved one.  
Caregiver Surveys and pre and post test from educational classes or seminars.  
Periodic assessment of memory for Integrated Memory Enhancement Participants

- 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?

Organization is currently meeting deliverables and does not foresee this changing.



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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.

N/A

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.