

LFIR # 1653

- 1. **Project Title** Westside Senior Life Center & Adult Day Healthcare-Hilliard
- 2. Senate Sponsor <sub>Aaron Bean</sub>
- 3. Date of Request 12/07/2019

#### 4. **Project/Program Description**

The Westside Senior Services project at the Hilliard Life Center will provide a center for the aging population who are otherwise isolated and living alone. Some may live with family members, but don't feel a sense of independence. These esteemed individuals will have access to programs, services, counseling and activities on a daily basis with the ability to meet other isolated seniors. The current building is in critical need of repair due to the age of the facility (35+ years) and poses health risks for seniors including falls and lack of-up-to-date safety infrastructures. Seniors need a safe place to congregate, have peer-to-peer contact and the opportunity to have wellness classes/education. A daily nutritious meal is important to the well-being of the senior because that may be the only meal she or he has for the day. The Center will provide that and so much more. Additionally, an adult day health care on site is critical, as caregivers desperately need respite.

5. State Agency to receive requested funds

Department of Elder Affairs

State Agency contacted? O Yes 

No

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2020-2021

| Type of Funding             | Amount  |
|-----------------------------|---------|
| Operations                  | 000     |
| Fixed Capital Outlay        | 600,000 |
| Total State Funds Requested | 600,000 |

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) | 600000  | 100.0 %    |  |
| Matching Funds                                 |         |            |  |
| Federal  | 00      | 0 %        |  |
| State (excluding the amount of this request)   | 00      | 0 %        |  |
| Local  | 00      | 0 %        |  |
| Other  | 00      | 0 %        |  |
| Total Project Costs for Fiscal Year 2020-2021  | 600,000 | 100 %      |  |

### $_{8.}$ Has this project previously received state funding? $_{\odot}$ $_{Yes}$ $_{\odot}$ $_{No}$

If yes, provide the most recent instance:

| Fiscal Year | Amount    |              | Specific        |        |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу)   | Recurring | Nonrecurring | Appropriation # | Vetoed |
|             |           |              |                 |        |

9. Is future-year funding likely to be requested? O Yes O 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<br>Head Salary and Benefits                |   |         |  |  |
| Other Salary and Benefits   |   |         |  |  |
| Expense/Equipment/<br>Travel/Supplies/Other                           |   |         |  |  |
| Consultants/Contracted<br>Services/Study                              |   |         |  |  |
| <b>Operational Costs: Oth</b>   | er  |         |  |  |
| Salary and Benefits   |   |         |  |  |
| Expense/Equipment/<br>Travel/Supplies/Other                           |   |         |  |  |
| Consultants/Contracted<br>Services/Study                              |   |         |  |  |
| Fixed Capital Construction/Major Renovation:                          |   |         |  |  |
| Construction/Renovation/<br>Land/Planning<br>Engineering              | Building/structural repairs and safety infrastructural repairs. | 600,000 |  |  |
| Total State Funds Requested (must equal total from question #6)600,00 |   |         |  |  |



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#### 11. Program Performance

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

Seniors will receive services that will empower them to live and lead happy, healthy lives. They will not only survive, but thrive. Since Florida is now the 4th age friendly State, the Governor has made a commitment to ensure that seniors' needs are prioritized. " Richard Prudom, the Secretary of Elder Affairs, states that "throughout the next decade, the population of older Floridians is expected to increase by nearly 40 percent, so it is essential that communities are prepared".

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

There are approximately 8,300 seniors on the West side of the County and they will have a place to congregate, socialize with their peers, receive much needed education and wellness checks, receive a nutritious meal daily and those suffering from a form of dementia will have a place for therapeutic activities, as well as respite for the caregiver. Statistics indicate that 30-35% of caregivers pass away before their loved one due to self-neglect. Resources will be provided to caregivers in order to equip them to meet this challenge. Classes will be taught on a regular basis and transportation will be provided to and from the facility by NassauTRANSIT, a subsidiary of Nassau County Council on Aging.

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

Meals Fall prevention classes Health Education (diabetes prevention, hypertension, exercise, Arthritis etc.) Financial Literacy (how to avoid scams, managing your money on a fixed income, etc.) Medicare education

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

The target population is isolated seniors residing on the West side of Nassau County. It is a rural area with little or no activities for seniors.

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

The major benefit will be the 8,300 seniors leading more fulfilling lives while they age in place. Seniors will enjoy healthy, nutritious meals, take better care of their health through exercise, education, wellness testing, and basic wellness care. They will have a place to go and congregate to meet with other seniors. This is a goal of the "age friendly community." The success of this initiative will be measured by increased participation and attendance, satisfaction surveys, decreased isolation and it's physical and mental health effects.

### 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?

Repayment of funds or no future funding



# 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.

This is a not for profit 501c(3) facility, therefore, has no ownership. However, the agency is governed by a Board of Directors and managed by President & CEO Janice Ancrum.

#### 13. Requestor Contact Information

|     | a.                              | First Name                       | Janice                               | Last Name | Ancrum |
|-----|---------------------------------|----------------------------------|--------------------------------------|-----------|--------|
|     | b.                              | Organization                     | Nassau County Council on Aging, Inc. |           |        |
|     | C.                              | E-mail Address                   | jancrum@nassaucountycoa.org          |           |        |
|     | d.                              | Phone Number                     | (904)261-0701                        | Ext.      |        |
| 14. | Re                              | cipient Contact                  | Information                          |           |        |
|     |                                 | -                                | Nassau County Council on Aging,      | Inc       |        |
|     | a.                              | Organization                     | Nassau County Council off Aging,     | , mc.     |        |
|     | b.                              | Municipality and                 | County Nassau                        |           |        |
|     | c.                              | Organization Typ                 | De                                   |           |        |
|     |                                 | O For-profit E                   | ntity                                |           |        |
|     |                                 | Non-Profit 5                     | 501(c) (3)                           |           |        |
|     | Non-Profit 501(c) (4)           |                                  |                                      |           |        |
|     |                                 | <ul> <li>Local Entity</li> </ul> | ,                                    |           |        |
|     |                                 | O University o                   | or College                           |           |        |
|     |                                 | Other (please                    | se specify)                          |           |        |
|     | d.                              | First Name                       | Janice                               | Last Name | Ancrum |
|     | e.                              | E-mail Address j                 | ancrum@nassaucountycoa.org           |           |        |
|     | f.                              | Phone Number                     | (904)2610701                         |           |        |
|     |                                 |                                  |                                      |           |        |
| 15. | 5. Lobbyist Contact Information |                                  |                                      |           |        |
|     | a.                              | Name                             | None                                 |           |        |
|     | b.                              | Firm Name                        | None                                 |           |        |
|     | C.                              | E-mail Address                   |                                      |           |        |
|     | d.                              | Phone Number                     |                                      | Ext.      |        |