



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2745

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

Renovations to create the NRCDE is an investment in a state-of-the-art facility that provides ground-breaking, evidence based, and scientifically proven methods of building a greater understanding of dementia. Reducing caregiver stress and increasing caregiver confidence will be achieved around the State of Florida. Virtual Dementia Tours will be offered. It will also feature an education center with capacity for 50 persons and a day care facility for 24 adults living with dementia.

5. State Agency to receive requested funds
- State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	750,000
<b>Total State Funds Requested</b>	<b>750,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750,000	48%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	817,000	52%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>1,567,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?
- a. If yes, indicate nonrecurring amount per year.
- b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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\$1.8 million was received as part of the CARES ACT.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

**11. Status of Construction**

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)? Yes

c. What is the estimated start date of construction? 7/2024

d. What is the estimated completion date of construction? 6/2025

**12. List 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 facility will remain a property owned by Hospice of Marion County, a 501(c)3 corporation.

**13. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	This is a major renovation project to create a state-of-the-art facility to be used as the Nancy Renyhart Center for Dementia Education. The structure is being repurposed from a hospice home and will feature an education center for 50 persons and a day care facility for 24 adults living with dementia.	750,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>750,000</b>

**14. Program Performance**

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

By 2030, it is projected that over 720,000 Florida residents will be diagnosed with dementia. Dementia is the top health priority in the State of Florida's 2022-2026 Health Improvement Plan. In support of this priority, the goal of these funds will be to create a hub for dementia education in the State, providing workshops on best practices of caregiving support, a ground-breaking virtual experience for people to feel the effects of living with dementia, and to spread awareness and compassion about the disease to 18 counties in Florida.



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

Training opportunities for caregivers of dementia patients from 18 counties, and daycare for 24 adults with dementia five days a week. Anticipated providing direct service for 2,000 individuals through training as well as a minimum of 1,000 in other counties that caregivers participate in the training.

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

Training courses for caregivers of dementia patients, advertised locally and in the medical community of 18 counties where Empath Health has a presence. Adult day care opportunities will also be advertised through healthcare organizations, Ocala Metro Chamber & Economic Partnership, congregations, senior living communities and civic organizations.

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

Elderly -- 24 & a minimum of 1,000 in other counties through caregivers participating in the training  
 Persons with poor behavioral health -- 24  
 Persons with poor physical health -- 24  
 Caregivers -- at least 2,000 & 300 community first-responders will be better equipped each year to encounter someone with dementia.

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

Attendees of training will gain knowledge of signs of dementia. Attendees will have increased confidence on caregiver skills for patients. Caregiver well-being and confidence will lead to a reduction in other/alternative residency placement thereby reducing costs to Medicare and Medicaid. Measured by the ZARIT BURDEN pre and post survey analysis assessment of attendees three months after completing the training caregivers will demonstrate a decrease in stress/frustration levels because of the training, which will also lead to employment retention in the vital field.

**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 the contract?**

Funds will be returned to the State of Florida.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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



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University or College

Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**