



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Senior Friendship Centers - Capital Repairs/Maintenance Projects Expense

2. **Senate Sponsor:** Kathleen Passidomo

3. **Date of Submission:** 11/10/2017

4. **Project/Program Description:**

Capital construction in the form of repairs and remodeling for two active senior campuses located in Sarasota and Venice. Projects include: replacement of water damaged acoustic ceiling tiles/metal grid in senior center; rebuild/modernize 3 elevators (circa 1980); restroom renovations for multiple program areas; re-asphalt drive and parking areas; replace roof of adult day care; window replacement in senior center building; flooring replacement.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Elder Affairs

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	661,901	661,901

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	100,000	11.6%
Other	99,287	11.5%
TOTAL	199,287	23.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 861,188

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

Capital construction in the form of repairs and remodeling for two active senior campuses located in Sarasota and Venice. Projects include: replacement of water damaged acoustic ceiling tiles/metal grid in senior center; rebuild/modernize 3 elevators (circa 1980s-90s); restroom renovations for multiple program areas; re-asphalt drive and parking areas; replace roof of adult day care; window replacement in senior center building; flooring replacement.

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

The buildings on these two active campuses located in Sarasota and Venice provide the infrastructural home to a myriad of services and programs that serve the senior population. Nationally accredited senior centers provide education, wellness programs, economic security offerings for those living on the financial edge, counseling, and other services. Adult Day Care programs provide weekday respite for caregiving families of frail elders dealing with Alzheimer's and other dementias. National model clinics offer medical and dental care to low-income citizens aged 50+ with the volunteer service of retired physicians, dentists, and nurses. Other programs include falls prevention, case management, congregate and home delivered meals and nutrition education.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		



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<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Renovation/restoration some damage due to Hurricane Irma	661,901
TOTAL		661,901

d. What are the direct services to be provided to citizens by the appropriations project?

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

More than 2,000 seniors, aged 50+. Included in this population are vulnerable and at-risk individuals: low-income, job seekers, veterans, homeless, behavioral/developmental/physically disabled, poor mental/physical health.

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

Improved facilities without water damaged roof/ceilings/flooring, safe/reliable elevators, updated bathrooms, energy efficient windows, and resurfaced asphalt driveways/parking area sans potholes. Methodology will be pre- and post-surveys to measure satisfaction and improved wellbeing.

g. 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?



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None.

- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

Senior Friendship Centers, Inc.

- 13. Requestor Contact Information:**

- a. **Name:** Erin McLeod
- b. **Organization:** Senior Friendship Centers, Inc.
- c. **Email:** emcleod@friendshipcenters.org
- d. **Phone Number:** (941)556-3243

- 14. Recipient Contact Information:**

- a. **Organization:** Senior Friendship Centers, Inc.
- b. **County:** Sarasota
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. **Contact Name:** Erin McLeod
- e. **E-mail Address:** emcleod@friendshipcenters.org
- f. **Phone Number:** (941)556-3243

- 15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**