



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** The WOW Center Aging Population

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 11/14/2017

4. **Project/Program Description:**

This program aims to prolong the time spent in the community and delay the need for the nursing home, for the aging adults with developmental disabilities. The needs of aging adults with developmental disabilities have changed and they continue to be enrolled in programs that help participants gain employment if desired. In the past, once this population exhibited signs of aging accompanied by dementia or Alzheimer's they were immediately transitioned into nursing homes.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Agency for Persons with Disabilities

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
170,408		170,408

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 170,408

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
e. Complete the following Worksheet.

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?

Yes

- a. If yes, indicate non-recurring amount per year.

\$170,408

11. Program Performance:

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

The goal is to prolong the time spent in the community and delay the need for a nursing home, and delay the need for a nursing home, for the aging adults with developmental disabilities.

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

Therapeutic programs throughout the day: occupational therapy, recreational therapy

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Overseeing the program, adapting and evaluating the curriculum and instructions of the Silver Club. Creating local, regional, state and national partners with different aging organizations to retrieve and share best practices for adults	8,000



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	with developmental and intellectual disabilities.	
<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 checked="" type="checkbox"/> Salary and Benefits	Recreational Therapist, Music Therapist, Program Aide, one on one assistance, Occupational Therapist and Social Worker for the Silver Club.	162,408
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		170,408

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

Social Service Coordination, advocacy with Support Coordinator, Music Therapy, Art Therapy, Recreational Therapy, Occupational Therapy and life skills.

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

Elderly persons, persons with poor mental and/or physical health, jobless persons, economically disadvantaged persons, homeless, developmentally disabled, physically disabled, and victims of crimes.

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

The individuals with disabilities will benefit from improvement of physical health, mental health, enriching cultural experiences, and quality education through recreational and occupational therapies. Therapists will set individual goals and try to obtain them through class curriculum.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard



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penalties for failing to meet deliverables or performance measures provided for in the contract?

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.

None

13. Requestor Contact Information:

- a. Name: Anay Abraham
- b. Organization: The WOW Center
- c. Email: anay@wowcentermiami.org
- d. Phone Number: (786)422-4676

14. Recipient Contact Information:

- a. Organization: The WOW Center
- b. County: Miami-Dade
- 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: Anay Abraham
- e. E-mail Address: anay@wowcentermiami.org
- f. Phone Number: (786)422-4676

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

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