



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** SELF RELIANCE - HOME MODIFICATION FOR ELDERLY PROGRAM

2. **Senate Sponsor:** Kelli Stargel

3. **Date of Submission:** 01/03/2018

4. **Project/Program Description:**

Provision of major home modifications and repairs to prevent premature admission to nursing homes.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

Department of Elder Affairs

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 |
|---------------------------------|---|---------------------------------------|
| 400,000                         |   | 400,000                               |

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):** 400,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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|                           |   |  |   |
|---------------------------|---|--|---|
| <b>FY:</b>                | <b>Input Prior FY Appropriation for this project<br/>for FY 2017-18</b><br>(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.) |  |   |
| <b>Column:</b>            | <b>A</b>  | <b>B</b>                                   | <b>C</b>  |
| <b>Funds Description:</b> | <b>Prior Year<br/>Recurring Funds *</b>   | <b>Prior Year<br/>Nonrecurring Funds *</b> | <b>Total Funds Appropriated<br/>(Column A + Column B)</b> |
| <b>Input Amounts:</b>     |   | <b>575,000</b>                             | <b>575,000</b>  |

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

Yes

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

400,000

**11. Program Performance:**

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

To reduce the number of low-income seniors with disabilities to be admitted to Florida nursing homes.

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

Home repair and modification services to allow disabled seniors to continue living in their home.

**c. How will the funds be expended?**

| Spending Category   | Description   | Amount |
|---|---|--------|
| Administrative Costs  |   |        |
| <input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits | Wages and benefits for the Executive                            | 30,360 |
| <input type="checkbox"/> Other Salary and Benefits                                      |   |        |
| <input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other             | Administrative overhead costs such as audit, office space, etc. | 7,500  |
| <input type="checkbox"/> Consultants/Contracted Services/Study                          |   |        |
| Operational Costs   |   |        |
| <input checked="" type="checkbox"/> Salary and Benefits                                 | One FTE Coordinator   | 36,140 |



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|   |  |         |
|---|--|---------|
| <input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | Support expenses such as mileage, phone, tech, insurance | 8,250   |
| <input checked="" type="checkbox"/> Consultants/Contracted Services/Study   | Direct costs for home accessibility and repair           | 317,750 |
| Fixed Capital Construction/Major Renovation                                 |  |         |
| <input type="checkbox"/> Construction/Renovation/Land/Planning Engineering  |  |         |
| TOTAL   |  | 400,000 |

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

Home repair and modification services

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

Low-income seniors with disability in Hillsborough County

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

Number of homes repaired or modified to allow low-income seniors with disability to reside at home.

**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?**

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.**

N/A

**13. Requestor Contact Information:**

- a. **Name:** Finn Kavanagh
- b. **Organization:** Self Reliance, Inc.
- c. **Email:** fkavanagh@self-reliance.org
- d. **Phone Number:** (813)375-3965

**14. Recipient Contact Information:**

- a. **Organization:** Self Reliance, Inc.
- b. **County:** Hillsborough
- c. **Organization Type:**  
 For Profit



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## Local Funding Initiative Request - Fiscal Year 2018-2019

- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

**d. Contact Name:** Finn Kavanagh

**e. E-mail Address:** fkavanagh@self-reliance.org

**f. Phone Number:** (813)375-3965

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

**a. Name:** Georgia KcKeown

**b. Firm:** McKeown & Associates

**c. Email:** georgia@gamckeown.com

**d. Phone Number:** (904)303-1611