



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** PACE Partners of Northeast Florida Feasibility

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 01/22/2018

4. **Project/Program Description:**

PACE Feasibility Study.

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
50,000		50,000

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):** 50,000

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?

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
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	(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?

Perform feasibility study for PACE program in Clay, Bradford and Putnam counties.

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

Data analytics on population, assessment of existing community resources, financial analysis and projections, community focus groups, consulting and legal services.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Perform Data analytics, financial analysis and projections, focus groups and legal services.	50,000
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<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		50,000

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

The feasibility study will determine whether a PACE program can be sustainable in a newly established catchment area of Clay, Bradford, and Putnam Counties. If established, the PACE program will serve frail elderly age 55+ and allow them to remain in the community for a longer period of time, and avoid costly institutionalized care.

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

Frail Elderly who are eligible for long term care but are able to receive support to be able to remain in their home. The project will identify the number of individuals who will be served.

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

The expected outcome is a project plan by which PACE services can be expanded to these counties.

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:** Phillip Ward
- b. **Organization:** Community Hospice and Palliative Care
- c. **Email:** pward@communityhospice.com
- d. **Phone Number:** (904)407-6480

14. Recipient Contact Information:

- a. **Organization:** PACE Partners of Northeast Florida
- b. **County:** Duval
- c. **Organization Type:**



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

d. Contact Name: Phillip Ward

e. E-mail Address: pward@communityhospice.com

f. Phone Number: (904)407-6480

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: