



# The Florida Senate

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

1. **Title of Project:** Assisted Living Bi-Fuel Generator

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 01/26/2018

4. **Project/Program Description:**

Purchase a Bi-Fuel Generator for MorseLife Assisted Living Facility.

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 Health

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
	2,500,000	2,500,000

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):** 2,500,000

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.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (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 Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

### 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?

Protect frail seniors from the aftermath of a catastrophic event.

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

Maintain a safe environment during/after a natural disaster.

#### 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 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		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Purchase and install emergency generator	2,500,000
TOTAL		2,500,000

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

Residents and family members will have protection during a power outage.

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

Assisted living residents and family members who will have their health and welfare affected by interruptions.

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

Residents will live in a more secure environment with no power interruptions.

**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.**

MorseLife will be the receiver and owner of the generator.

**13. Requestor Contact Information:**

- a. **Name:** Keith Myers
- b. **Organization:** MorseLife Assisted Living
- c. **Email:** keithm@morselife.org
- d. **Phone Number:** (561)687-5744

**14. Recipient Contact Information:**

- a. **Organization:** MorseLife Assisted Living
- b. **County:** Palm Beach
- 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:** Keith Myers



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e. E-mail Address: [keithm@morselife.org](mailto:keithm@morselife.org)

f. Phone Number: (561)687-5744

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

a. Name: Larry Overton

b. Firm: Larry J. Overton & Associates

c. Email: [loverton@loverton.net](mailto:loverton@loverton.net)

d. Phone Number: (850)224-2859