



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2315

1. **Title of Project:** Central Florida Health and Safety for Seniors

2. **Senate Sponsor:** Gayle Harrell

3. **Date of Submission:** 03/05/2019

4. **Project/Program Description:**

Central Florida Health and Safety for Seniors Project will provide home accessibility services and assistive and /or adaptive equipment to seniors with disabilities in Orange, Osceola, Seminole, Polk, Hardee, Highlands, and DeSoto counties to prevent premature nursing home placement.

5. **State Agency to receive requested funds :** Department of Elder Affairs

State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	
Total State Funds Requested	750,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	750,000	100.00%
Federal		0.00%
State (excluding the amount of this request)		0.00%
Local		0.00%
Other		0.00%
Total Project Costs for Fiscal Year 2019-2020		100.0%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		250,000	397	No

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

a. If yes, indicate non-recurring amount per year. \$750,000

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
Administrative Costs:		



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Executive Director/Project Head Salary and Benefits	20% of Project Head salary and benefits.	15,250
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	3% administrative cost for local administrator of funds.	22,500
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	Three FTE direct service staff salaries and benefits.	151,342
Expense/Equipment/Travel/Supplies/Other	Program expenses, supplies, travel, facilities, and equipment.	240,408
Consultants/Contracted Services/Study	Home accessibility contracted services.	320,500
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		750,000

11. Program Performance:

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

To prevent nursing home institutionalization for senior citizens with disabilities by providing home accessibility services and assistive and/or adaptive equipment that keep them safe and in their homes.

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

Home modification/accessibility services and the provision of assistive or adaptive equipment.

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

Home modification/accessibility services and the provision of assistive or adaptive equipment to seniors with disabilities.

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

Senior citizens with disabilities who are at-risk of premature nursing home placement.

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

Avoid costly Medicaid nursing home placement and increase quality of life. The methodology will be counting the number of people who come off of our waitlist as a result of the provision of services and/or equipment.

f. 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?

Failure to meet deliverable without notification of good reasoning will result in financial penalties as described in the contract.

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.



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13. Requestor Contact Information:

- a. **Name:** Georgia McKeown
- b. **Organization:** Johnson and Blanton
- c. **E-mail Address:** georgia@teamjb.com
- d. **Phone Number:** (904)303-1611

14. Recipient Contact Information:

- a. **Organization:** Center for Independent Living in Central Florida, Inc.
- b. **County:** Orange
- 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:** Elizabeth Howe
- e. **E-mail Address:** ehowe@cilorlando.org
- f. **Phone Number:** (407)623-1070

15. Lobbyist Contact Information

- a. **Name:** Georgia McKeown
- b. **Firm Name:** Johnson and Blanton
- c. **E-mail Address:** georgia@teamjb.com
- d. **Phone Number:** (904)303-1611