



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2265

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Funds requested will be used to provide adult day care services to frail individuals 60 years of age or older who have or do not have a caregiver at any of the adult day care centers Little Havana Activities & Nutrition Centers owns and operates. The funds requested will provide 44,541 units of adult day care services to 40 unduplicated frail elderly persons.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="412,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	412,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="412000"/>	<input style="width: 80%;" type="text" value="56.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="320,889"/>	<input style="width: 80%;" type="text" value="44"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	732,889	100 %

8. **Has this project previously received state funding?** Yes No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="1,000,000"/>	<input style="width: 80%;" type="text" value="398"/>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

9. **Is future-year funding likely to be requested?** Yes No
- If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Salaries and benefits for the program administrator that oversees the day-to-day operations of the program.	26,750
Other Salary and Benefits	Salaries and benefits for the accounting staff assigned to the program.	13,250
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	Salaries/benefits of nurses and certified nurse assistants that provide direct care services to the program clients. The direct care includes assistance with feeding the client, assist clients in going to the bathroom, providing assistance in taking their medications, direct recreational and therapeutic activities on a daily basis.	150,000
Expense/Equipment/Travel/Supplies/Other	Insurance on vehicles used to transport participants, rent, adult day care center utilities and maintenance & repairs on adult day care centers and vehicles transporting participants. The funds requested will provide 44,541 hours of services to 40 unduplicated clients.	80,000
Consultants/Contracted Services/Study	Meals and snacks for participants of the program, incontinent supplies, and recreational supplies.	142,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		412,000



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11. Program Performance

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

Funds requested will be used to provide adult day care services to frail individuals 60 years of age or older who have or do not have a caregiver at any of the adult day care centers Little Havana Activities & Nutrition Centers owns and operates. The funds requested will provide 44,541 hours of services to 40 unduplicated clients.

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

The direct care includes assistance with feeding the client, assist clients in going to the bathroom, providing assistance in taking their medications, direct recreational and therapeutic activities on a daily basis.

- c. What direct services will be provided to citizens by the appropriation project?

One hour of actual client attendance at the day care center is one unit of adult day care service. The direct care includes assistance with feeding the client, assist clients in going to the bathroom, providing assistance in taking their medications, direct recreational and therapeutic activities on a daily basis.

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

LHANC will continue to target frail older adults with or without a caregiver who require supervision and specialized care in a safe and protected environment.

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

Outcome: 1.) Percentage of family and family assisted caregivers who self-report they are very likely to provide care to their loved ones with this service. Measure: 89 percent of the caregivers
2.) Percentage of new service recipients whose ADL assessment score has been maintained or improved. Measure: 63 percent of client's ADL/IDL score is maintained or improved. Method of Measuring Outcome: DOEA client assessment/re-assessment score comparison.

- 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?

Not funding the service any further.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

Not applicable

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
 - Non-Profit 501(c) (3)
 - Non-Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.