

Operations

Fixed Capital Outlay

Total State Funds Requested

The Florida Senate Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1031

286,705

286,705

1.	Project Title	Deerfield Beach Alzheim	ner's Day Care Center/Senior Transportation	
2.	Senate Sponsor	Tina Polsky		
3.	Date of Request	01/20/2021		
4.	Project/Program Des	cription		
	on the same Campus The Day Care Center management services The program purpose and programs for indiv Senior Transportation access to public transportation	as the Center for Active A provides in-facility respite for families who are carir is to provide respite serviduals with Alzheimer's diservices provide accessite.	i, caregiver training and support for individuals and one for a loved one with Alzheimer's disease and other ces for caregivers along with mentally and physicall isease. Delity to service providers and community resources acapacitated to utilize other transportation. Transport	groups, and case er forms of dementia. y stimulating activities for seniors who lack
5.	State Agency to rece	ive requested funds	Department of Elder Affairs	
	State Agency contact	ted? Yes		
6.	Amount of the Nonre	curring Request for Fisc	cal Year 2021-2022	
	Type of Funding		Amount	

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	286,705	20%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	188,850	14%	
Local	909,397	66%	
Other	0	0%	
Total Project Costs for Fiscal Year 2021-2022	1,384,952	100%	

8. Has this project previously received state funding? Yes

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2020-21	0	195,150	397	No	

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9.	Is future	tundina	likely to	be	requested?

Yes

a. If yes, indicate nonrecurring amount per year.

286,705

b. Describe the source of funding that can be used in lieu of state funding.

The City will peruse competitive grants in lieu of state funding.



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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169	

If yes, indicate the amount of funds received and what the funds were used for.

The City received \$38,202.26 for individual and group counseling services; individual and group health support services, telephone reassurance, caregiver training & support group, recreation materials.

Also, \$25,277.20 for emergency home energy assistance program for the elderly.

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

Spending Category	Description	Amount				
Administrative Costs:						
Executive Director/Project Head Salary and Benefits	Project Director - \$10,000 - Alzheimer's Daycare Transportation Manager - Senior Transportation -\$15,000	25,000				
Other Salary and Benefits		0				
Expense/Equipment/Travel/Supplies/Other		0				
Consultants/Contracted Services/Study		0				
Operational Costs: Other						
Salary and Benefits	Day Care Nurse, Case Manager, Recreation Coordinator and Certified Nursing Assistants. \$180,150 - Alzheimer's Daycare Bus Drivers - Senior Transportation -\$35,000	215,150				
Expense/Equipment/Travel/Supplies/ Other	Medical and health supplies, recreational and programming supplies, travel and training, lease of copier and security equipment \$5,000 - Alzheimer's Daycare Bus maintenance and fuel - Senior Transportation - \$41,555 Transportation Vehicles - Wheelchair accessible vehicles (In-Kind \$300,000)	46,555				
Consultants/Contracted Services/Study		0				
Fixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (m	ust equal total from question #6)	286,705				

12. Program Performance

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

Continue to provide family caregivers with in-facility respite day care, case management and caregiver training and support services. The Day Care services allow family members to work while their loved ones with Alzheimer's Disease, Dementia and Memory Loss Disorders are provided with positive and stimulating activities and programs in a safe and secure environment.

Continue to provide seniors with transportation services to Center for Active Aging, medical appointments, social service agency appointments, prescription pick-up and grocery shopping.

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

Activities and services will include senior transportation, respite (relief) day care, case management, caregiver educational and training support programs to assist in coping with and decreasing the burden of caring for a loved one with dementia, Alzheimer's disease and memory loss disorders.

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



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Direct services will include senior transportation, in-facility respite day care services, case management, caregiver training and support services.

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

The target population for the Alzheimer's Day Care is for individuals 18 years old and older who reside in Broward County who have been diagnosed with some form of dementia, Alzheimer's disease, and memory loss disorders. We are anticipating serving at least 30 caregivers and 30 clients for a total of 60 individuals due to the increasing aging population and the number of individuals being diagnosed with dementia and memory loss.

The Senior Transportation Program is available to persons 62 years and older who reside in the City and need transportation.

Services are available Monday through Friday 7:30 am to 4:30 pm. The services intend to to assist 150- 200 seniors with over 11,000 trips a year.

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

The expected benefit and outcome of this project is for the clients to receive both physically and mentally stimulating activities and programs in a loving and nurturing environment by improving their quality of life. These services allow caregivers to be able to continue to work in knowing their loved ones are in a safe and secure environment.

The services decrease the caregivers' burdens and stress as they learn to cope with caring for their loved one and receive a break through the respite and caregiver training and support services.

Regular communication with the caregivers, periodic satisfaction surveys, suggestion boxes, and length of stay, will determine if the intended outcomes have been met.

The benefit of the Senior Transportation service to allow seniors to attend activities at the Center for Active Aging, attend medical appointments, service agency appointments, prescription pick-ups and grocery shopping. Services allow senior to remain mobile.

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 the contract?

A suggested penalty would be a decrease in funding if deliverables and performance measures are not met.

13. 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.

The City of Deerfield Beach Center for Active Aging owns the facility and has been administrating program for 40 years.



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14.	14. Requestor Contact Information							
	a. First Name	David		Last Name	Santucci			
	b. Organization	City of De	City of Deerfield Beach					
	c. E-mail Address	dsantucci	dsantucci@dfb.city					
	d. Phone Number	d. Phone Number (954)480-4263 Ext.						
15.	Recipient Contact	Informatio	on					
	a. Organization	City of De	erfield Beach					
	b. Municipality and County Broward							
	c. Organization Ty	ре						
	□For Profit Entity							
	□Non Profit 501(c	:)(3)						
	□Non Profit 501(c)(4)							
	☑Local Entity							
	□University or Co	llege						
	□Other (please sp	ecify)						
	d. First Name	Donna		Last Name	DeFronzo			
	e. E-mail Address	DDFronzo	DDFronzo@dfb.city					
	f. Phone Number	(954)480-4453						
16.	16. Lobbyist Contact Information							
	a. Name	Heather Turnbull						
	b. Firm Name	Rubin Turnbull and Associates						
	c. E-mail Address	heather@rubinturnbull.com						
	d. Phone Number	(850)681-9111						