

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

Alzheimer's Association Brain Bus

LFIR # 1038

| 2. | Senate Sponsor | Audrey Gibson | | | | | |
|----|--|--|---|--|--|---|---|
| 3. | Date of Request | 01/14/2021 | | | | | |
| 4. | Project/Program De | escription | | | | | |
| | The Brain Bus is able that the symptoms of healthy habits and earn promote health and version bus is able to provide how to reduce your recenters. The Brain | f Alzheimer's diseas arly detection, we a well-being among b e a variety of educa isk, the early warnir | se are simply re potentially oth people livational opporting signs, the | normal pable to reing with candidates the conditions the conditions the conditions of the conditions o | arts of aging. By forting the duce burden, implementia and their at include an explant fearly detection. | ocusing on commur rove health outcom caregivers. Additio anation of who is at and information abo | nity education on es, and nally, the Brain increased risk, |
| 5. | State Agency to rec | eive requested fu | nds Dep | artment o | f Elder Affairs | | |
| | State Agency contact | cted? Yes | | | | | |
| | Amount of the Nonro | | for Fiscal Ye | ar 2021- | 2022 | | |
| | Type of Funding | g | | | Amo | unt | |
| | Operations | | | | - | 319,000 | |
| | Fixed Capital Outlay | | | | | 0 | |
| | Total State Funds R | Requested | | | | 319,000 | |
| 7. | Total Project Cost fo | or Fiscal Year 202 | 1-2022 (inclu | ding mat | ching funds avai | ilable for this proje | ect) |
| | Type of Funding | | | | | | |
| | | | | | Amount | Percentage | |
| | Total State Funds Re | equested (from que | stion #6) | | Amount 319,000 | Percentage 100% | |
| | Total State Funds Re Matching Funds | equested (from que | stion #6) | | 319,000 | 100% | |
| | Total State Funds Re Matching Funds Federal | | · | | 319,000 | 100% | |
| | Total State Funds Re Matching Funds Federal State (excluding the | | · | | 319,000 | 100% 0% 0% | |
| | Total State Funds Re Matching Funds Federal State (excluding the a | | · | | 319,000 | 100% 0% 0% 0% | |
| | Total State Funds Re Matching Funds Federal State (excluding the | amount of this requ | iest) | | 319,000 0 0 | 100% 0% 0% | |
| 8. | Total State Funds Re Matching Funds Federal State (excluding the a Local Other | amount of this requ | nest) | | 319,000 0 0 0 319,000 | 100% 0% 0% 0% 0% | |
| 8. | Total State Funds Re Matching Funds Federal State (excluding the allocal Other Total Project Costs Has this project pre | amount of this requ | est) 221-2022 state funding | ? Ye | 319,000 0 0 0 319,000 | 100% 0% 0% 0% 0% | |
| 8. | Total State Funds Re Matching Funds Federal State (excluding the allocal Other Total Project Costs Has this project pre | amount of this requ for Fiscal Year 20 viously received s | est) 221-2022 state funding | ? Ye | 319,000 0 0 0 319,000 | 100% 0% 0% 0% 0% 100% | |
| 8. | Total State Funds Re Matching Funds Federal State (excluding the allocal Other Total Project Costs Has this project pre | amount of this requestor for Fiscal Year 20 eviously received s | nest) 221-2022 State funding ount Nonrecurr | ? Ye | 319,000 0 0 0 319,000 | 100% 0% 0% 0% 0% 100% | |
| | Total State Funds Re Matching Funds Federal State (excluding the allocal Other Total Project Costs Has this project pre | amount of this requested for Fiscal Year 20 eviously received services Amore Recurring | est) 221-2022 state funding ount Nonrecurr | ing A | 319,000 0 0 0 319,000 ss Specific ppropriation # | 100% 0% 0% 0% 100% | |
| | Total State Funds Re Matching Funds Federal State (excluding the algorithm of the state) Cother Total Project Costs Has this project pre Fiscal Year (yyyy-yy) 2020-21 | amount of this requested services of the servi | pest) 221-2022 State funding Nonrecurr 31 | ing 9,000 | 319,000 0 0 0 319,000 ss Specific ppropriation # | 100% 0% 0% 0% 100% | |
| | Total State Funds Re Matching Funds Federal State (excluding the algorithm of the state) Cother Total Project Costs Has this project pre Fiscal Year (yyyy-yy) 2020-21 Is future funding like | for Fiscal Year 20 eviously received s Amo Recurring 0 ely to be requested on recurring amount | est) 221-2022 State funding Nonrecurr 31 ed? nt per year. | ? Ye | 319,000 0 0 0 319,000 319,000 Specific ppropriation # | 100% 0% 0% 0% 100% | |
| | Total State Funds Remark Matching Funds Federal State (excluding the algorithm Local Other Total Project Costs Has this project pre Fiscal Year (yyyy-yy) 2020-21 Is future funding like a. If yes, indicate no | for Fiscal Year 20 eviously received s Amo Recurring 0 ely to be requested on recurring amount | est) 221-2022 State funding Nonrecurr 31 ed? nt per year. | ? Ye | 319,000 0 0 0 319,000 319,000 Specific ppropriation # | 100% 0% 0% 0% 100% | |



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| Yes | |

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

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

| Spending Category | Description | Amount | | |
|---|---|---------|--|--|
| Administrative Costs: | | | | |
| Executive Director/Project Head Salary and Benefits | | 0 | | |
| Other Salary and Benefits | | 0 | | |
| Expense/Equipment/Travel/Supplies/ Other | Funds will be utilized for administrative activities that support programs, projects and other activities including, but not limited to general administrative, accounting and budget, development activities, as well as costs associated with rent communications, office supplies, maintenance, postage and other expenses. | 70,886 | | |
| Consultants/Contracted Services/Study | | 0 | | |
| Operational Costs: Other | | | | |
| Salary and Benefits | 3.5 FTE - Salary and Benefits of staff directly working with the planning, scheduling, driving of the Brain Bus van and RV, and execution of the Brain Bus online programming. | 197,084 | | |
| Expense/Equipment/Travel/Supplies/ Other | Funds to be utilized to cover the costs associated with event registrations fees, fuel, maintenance, and lodging associated with providing services of the program. These funds will also support the costs associated with the promotional campaign for the Brain Bus and brain health awareness in rural and diverse communities. | 51,030 | | |
| Consultants/Contracted Services/Study | | 0 | | |
| Fixed Capital Construction/Majo | r Renovation: | | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | | |
| Total State Funds Requested (must equal total from question #6) 319,0 | | | | |

12. Program Performance

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

The primary goal of the Brain Bus is to support health concerns for people at higher risk for developing Alzheimer's disease and to support the ability of Alzheimer's caregivers to provide the highest quality of care. The funds being requested will support this goal by directly providing Brain Bus services to communities, but we will also conduct a promotional campaign within rural and diverse communities to raise awareness of brain health.

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

We will provide targeted outreach/support to individuals who otherwise might not learn about Association provided services and supporting people at higher risk for developing Alzheimer's to better understand the importance of brain health, the warning signs and benefits of an early diagnosis.

health, the warning signs and benefits of an early diagnosis.

We will also create a Healthy Brain Initiative Campaign (HBI) toolkit that will be distributed to all of the 67 county health departments in the state. In Priority 9 in the State Health Improvement Plan, the FDOH has requested the inclusion of the HBI as a strategic objective to complete by December 2020. One specific area of activities in HBI is a concern and awareness campaign about the disease. Having a dedicated HBI concern and awareness toolkit to distribute to all 67 county health departments would be a step closer to the state's commitment to apply for BOLD.

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



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The Brain Bus is able to provide a variety of educational opportunities that include an explanation of who is at increased risk, how to reduce your risk, the early warning signs, the benefits of early detection, and information about diagnostic centers.

Additionally, the HBI toolkit provided to the 67 county health departments will include items such as ads in various sizes, social media graphics, and rack card templates all of which will be made available in English, Spanish, and Creole.

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

The Brain Bus's target population is women, under-served, isolated and/or rural families dealing with, or at risk for, Alzheimer's disease or a memory-related disorder. The services of the Brain Bus are open to all individuals who need services, and always free of charge. Over the course of one year, 300 stops will be made across the State of Florida providing information and services to over 2,000 people. The Brain Bus services are also available remotely and online following a shift to virtual programming as a result of COVID-19.

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

Visitors will gain knowledge about the importance of brain health, the warning signs, and benefits of an early diagnosis. Visitors will also gain knowledge about Association provided services that will enable caregivers to continue to provide high quality care. Those engaged will also receive information on the impact of COVID-19 on those with Alzheimer's Disease and related Dementias.

Measurement: How do you feel about the information you received today? Did you learn different ways to live a brain healthy lifestyle? Did you learn to identify the warning signs of Alzheimer's? If you are showing signs of Alzheimer's, do you feel like you know the steps to take?

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?

The program is monitored annually by the Area Agency on Aging of Pasco-Pinellas which provides any necessary corrective actions.

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.

| N/A | | |
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| 14. Requestor Contact | t Informati | ion | | | | |
|----------------------------------|---|-------------------------------------|-----------|---------|--|--|
| a. First Name | Angela | | Last Name | McAuley | | |
| b. Organization | Alzheimer's Disease and Related Disorders Association Inc. Florida Gulf Coast Chapter | | | | | |
| c. E-mail Address | admcaule | ey@alz.org | | | | |
| d. Phone Number | (727)458- | -4846 | Ext. | | | |
| 15. Recipient Contact | Informatio | on | | | | |
| a. Organization | | r's Disease and lon Inc. Florida Gu | | | | |
| b. Municipality and | d County | Statewide | | | | |
| c. Organization Ty | ре | | | | | |
| □For Profit Entity | | | | | | |
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| □University or Co | □University or College | | | | | |
| □Other (please sp | □Other (please specify) | | | | | |
| d. First Name | Angela | | Last Name | McAuley | | |
| e. E-mail Address | admcauley@alz.org | | | | | |
| f. Phone Number | er (727)458-4846 | | | | | |
| 16. Lobbyist Contact Information | | | | | | |
| a. Name | Jon Conl | ey | | | | |
| b. Firm Name | Alzheimer's Association | | | | | |
| c. E-mail Address | Address jbconley@alz.org | | | | | |
| d. Phone Number | (850)566 | -7478 | | | | |