



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1808

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The City of Lauderdale Lakes is seeking a continuation of funding to expand services at the Lauderdale Lakes Alzheimer's Care Center and to serve the increasing supply of average income seniors that are in critical need of Services within Broward County. The City's program provides therapeutic activities for cognitively impaired adults in a safe environment. Currently, over 45,000 Broward County residents have Alzheimer's disease. Continuing to fund the program would respond to the need to serve people with Alzheimer's disease and their caregivers with quality programs including enhanced technology, & emergency in-home support/respite to avoid premature, costly nursing home placement. The expansion of the Alzheimer's Care Center services will assist in providing resources for respite care and caregiver coordination for individuals disproportionately burdened by Alzheimer's disease. The methodology to measure the outcome is the increase in resources, respite, and caregiver services.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

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)	250,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	250,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	500,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21		200,000	397	No

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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

Will continue to seek other funding sources



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

Yes

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

\$18,000 through Older American's Act for Telephone Reassurance Calls

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		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	1.5 FTE certified nursing assistants to oversee respite care needs of persons with Alzheimer's disease. .5 FTE activities/recreation assistant to coordinate activities. .5 FTE case aide to assist with care-plan needs of person with Alzheimer's disease and the caregivers.	100,000
Expense/Equipment/Travel/Supplies/Other	Activities supplies for programs such as art, music, horticulture, fitness, and other programs. Social outing expenses for persons with Alzheimer's disease to include admission and travel expenses. Technology equipment such as tablets, software, assistive keyboards, headsets, and other types of assistive technology to use as essential, adaptive, rehabilitative devices.	50,000
Consultants/Contracted Services/Study	Therapeutic Activities Instructor such as art, music, horticulture, cultural arts and other therapeutic programs. Professional/licensed counseling services for caregivers and persons with Alzheimer's disease. Education and training for caregivers. Crisis or Emergency In-Home Respite Care for the person with Alzheimer's disease.	100,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

12. Program Performance

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

Improve physical and mental health.

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

The City of Lauderdale Lakes will provide respite and caregiver services to enhance quality of life for individuals that have Dementia or the Alzheimer's Disease along with serving their caregivers. This enhanced assistance will also include emergency care for individuals with dementia and their caregivers and provide for the use of technological assistive devices as an essential rehabilitative service.

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

Expanded respite care and caregiver support coordination/counseling will be open to individuals with early signs of Dementia and the Alzheimer's Disease along with their caregiver.



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

Our target population is the general public. This will improve the quality of life to a family as a whole. Our location is expected to serve 50 people.

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

Utilization of the program for in facility respite services will decrease the need for nursing home placement and thus enhance the physical health of a client showing early signs of Dementia.

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?

N/A is not considered a valid response.

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 Information

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

15. 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

16. Lobbyist Contact Information

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