



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1782

**1. Project Title**

**2. Senate Sponsor**

**3. Date of Request**

**4. Project/Program Description**

Disasters of all kinds -- hurricanes, tornadoes, floods, wildfires, dangerous heat waves – pose substantial risks to older adults, and this is especially true for the 80% of older adults with at least one chronic health condition such as cancer, diabetes, heart disease or stroke. Yet, not enough seniors prepare for these events in advance. Of the over 120 people who perished as a result of Hurricane Ian, two-thirds were aged 60 or older; many were reportedly drowned and found in their own homes. There is a clear opportunity to develop, implement and evaluate disaster/emergency preparedness and response activities at the individual level that can better improve knowledge and recovery outcomes for older adults and their caregivers. This program would develop, implement and evaluate disaster/emergency preparedness and response activities at the individual level that can better improve knowledge and recovery outcomes for older adults and their caregivers.

**5. State Agency to receive requested funds**

**State Agency contacted?**

**6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</b>

**7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	90%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	55,000	10%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>555,000</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	500,000	372	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.**



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

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

Pinellas County Government partnered with 211 Tampa Bay Cares to distribute a total of \$24.3 million in CARES Act funds to assist over 8,600 individuals and families with overdue rent, mortgage and utilities. 211 TBC processed over 21,000 vendor payments on behalf of Pinellas residents. 211 Tampa Bay Cares did receive some direct operational funds to hire staff to directly assist with this project only.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

Planning   
  Design   
  Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Support for Human Resources, Finance and Programmatic Oversight for program implementation (financial reporting, payroll, etc.)	40,560
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	1 Full Time Senior Outreach Director; 2 Full Time Outreach Specialists; 2 Full Time I&R Care Coordinators; 1 211 Specialist	397,800
Expense/Equipment/Travel/Supplies/Other	Printing outreach materials, resource guides, purchase of ad space, hiring and recruiting, background checks, rent, insurance, utilities (electric and Internet), telephone and travel	61,640
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>



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#### 14. Program Performance

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

To develop, implement and evaluate disaster/emergency preparedness and response activities at the individual level that can better improve knowledge and recovery outcomes for older adults and their caregivers.

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

A dedicated support team will develop and distribute informational materials, and conduct community outreach, awareness, follow up services and crisis response targeting seniors, caregivers and local providers in Pinellas and Hernando counties.

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

Vulnerable senior citizens in Pinellas and Hernando counties and their caregivers will be provided with tailored, easy-to-access information related to emergency/disaster preparedness and guidance on how to develop customized emergency plans. Volunteer representatives of older persons would be recruited and involved in training material development and implementation.

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

Vulnerable senior citizens in Pinellas and Hernando counties.

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

An estimated 100,000 older adults and caregivers will receive critical information and support in disaster preparedness. Success will be measured by the number of seniors and caregivers reached through the program.

**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?**

Funding for program deliverables not met would be returned to the State.

#### 15. Requester Contact Information

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

#### 16. 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



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University or College

Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**