



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2716

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

- Creates a statewide public health awareness campaign by the Department of Health.
- Communicates the advantages of early detection and diagnosis, reporting issues with cognition, the importance of brain health, report recent progress in Alzheimer's research and the availability of clinical trials, and minimize health disparities through outreach and education, and establish a communication platform for patients and their advocates.
- The program will focus on educating the general public, particularly those over the age of 60 and minority populations at a higher risk of developing Alzheimer's and other related dementias.

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

**State Agency contacted?**  Yes

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

Type of Funding	Amount
Operations	600,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>600,000</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)	600,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>600,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**  No

a. **If yes, indicate nonrecurring amount per year.**

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

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



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Yes

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

The Alzheimer's Association in partnership with FL DOEA received \$1.8 million in funding from the CARES and American Rescue Acts for a COVID-19 specific project to combat social isolation. The federal funding did not go toward a public health campaign.

## 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Development of marketing materials such as brochures, online tools, and resources, educational webinars, dissemination of information to local departments of health and to the general public. Marketing and advertising campaign will include - Internet (including social networking websites), print, radio, and television advertising.	600,000
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>600,000</b>

### 14. Program Performance

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



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

Activities and services include the planning and implementation of the marketing awareness campaign. Marketing and advertising campaign will include - Internet (including social networking websites), print, radio, and television advertising.

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

Citizens will learn new information about Alzheimer's and other related dementias including the early warning signs and risk reduction strategies that can potentially lower their risk of developing Alzheimer's and other related dementias. The campaign will inform the public on how they can receive a cognitive assessment by their healthcare provider to determine if they are at a higher risk.

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

The program will focus on educating the general public, particularly those over the age of 60 and minority populations at a higher risk of developing Alzheimer's and other related dementias.

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

The expected outcome is to raise awareness of Alzheimer's and Related Dementias in Florida. The expected benefits include bringing awareness to Floridians, educating individuals on the importance of brain health, and equipping them with risk-reduction strategies. This will lead to improved quality of life as well as potentially reducing healthcare costs in Florida. When individuals receive an early diagnosis, this gives them the opportunity to receive the tools and resources they need to better take care of themselves, this can lead to reduced hospitalizations and better management of potential co-morbidities.

**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?**

There is no contracting agency therefore we do not anticipate any penalties.

**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)



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Local Entity

University or College

Other (please specify) State Agency

**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**