

Operations

Fixed Capital Outlay

Total State Funds Requested

The Florida Senate **Local Funding Initiative Request Fiscal Year 2023-2024**

LFIR # 3005

75,000

75,000

1.	. Project Title	Naples Senior Center D	ementia Res	pite Support	Program			
2.	. Senate Sponsor	Kathleen Passidomo						
3.	. Date of Request	02/07/2023						
4.	. Project/Program De	escription						
	Counties for seniors home. The program care to clients with d	r Naples (BSCN) manages who have a medical diagn is recognized as evidence ementia. The program progra	nosis of Álzhe d based, inno vides socializ	imer's disea ovative and nation and we	se and related nost importan ellness with a	d dementias (A tly providing the holistic appro	ADRD) resine he highest stack to ever	ding at standard of yday living
5.	. State Agency to rec	eive requested funds	Departme	nt of Elder A	Mairs			
	State Agency conta	cted? Yes						
6.	Amount of the Nonr	ecurring Request for Fis	cal Year 202	3-2024				
	Type of Funding				Amount		1	

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)	75,000	34%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	148,000	66%
Total Project Costs for Fiscal Year 2023-2024	223,000	100%

8. Has this project previously received state funding?

Fiscal Year	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2022-23	0	75.000	395	No

(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2022-23	0	75,000	395	No
. Is future funding li	kely to be requeste	ed?	Yes	

9. Is future funding likely to be requested?	res
a. If yes, indicate nonrecurring amount per year.	75,000

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

In addition to state funding we pursue private donations, corporate and foundation grants.

10. Has the entity req	uesting this	project received an	v federal assistance	related to the	COVID-19	pandemic?
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Yes	
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Yes



11. Status of Construction

Planning

a. What is the current phase of the project?

ODesign

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

We received \$247,000 through the Collier County Cares Act which went for food, PPE, retrofitting, technology and cleaning. We received \$588,000 through the Payroll Protection Act.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

b. Is the project "shovel ready" (i.e permitted)?	
c. What is the estimated start da	te of construction?	
d. What is the estimated comple	tion date of construction?	
2. List the owners of the facility to relationship between the owner	o receive, directly or indirectly, any fixed capital outlay funders of the facility and the entity.	ling. Include the
3. Details on how the requested st	ate funds will be expended	
Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		(
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/ Other		C
Consultants/Contracted Services/Study		C
Operational Costs: Other		·
Salary and Benefits	3 professional staff program facilitators 1 music therapist	75,000
Expense/Equipment/Travel/Supplies/		C

14. Program Performance

Planning Engineering

Consultants/Contracted

Construction/Renovation/Land/

Fixed Capital Construction/Major Renovation:

Services/Study

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

Total State Funds Requested (must equal total from question #6)

The goals of the program are: to offer opportunities for persons with Alzheimer's disease or a related dementia (ADRD) to engage in a program of meaningful social and recreational activities, in a secure and supportive setting, in order to maximize their cognitive and social abilities; and to provide relief and support to family members and other primary caregivers of individuals with ADRD.



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

Activities are designed to achieve the program's goals to help enhance communication skills, to improve an individual's mood, to help access long term memory and to increase socialization. Each group's schedule includes Dakim Brain Fitness, which helps users strengthen attention, focus and concentration combined with other concentration and memory activities, such as "icebreakers", to help the participants enhance social skills and assist in recall and language skills. The last 30 minutes of the day the participants have music therapy facilitated by a music therapist.

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

Language skills, memory techniques, relaxation techniques, socialization and building self-esteem are concentrated on during each group's activities with the focus on what strengths the participants possess. Participants are offered an opportunity for socialization and cognitive stimulation in a non-judgmental, friendly environment. Participants are encouraged to participate in activities that engage verbally and also utilize gross motor skills depending on their comfort level or level of ability. Caregivers are provided 4 hours respite, case management, education and support.

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

The targeted population are seniors age 60 and over with a medical diagnosis of Alzheimer's disease or related dementias (ADRD), which is 14.1% of the county. In 2017, in Collier and southern Lee County, 22,000 cases of ADRD were counted including an estimated 13% who live alone. Our community's limited existing resources are overwhelmed by demand. Thirtysix percent (36%) of Collier and southern Lee Counties' population is over age 60. Of those, 8% are age 85 or older, a relevant statistic as it is currently estimated that 50% of adults over the age of 85 will be diagnosed with ADRD. 178 individuals will be served.

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

The Dementia Respite Support Program provides tools, support and coping skills to assist these individuals and their families. Clients who attend the program may achieve the following goals and outcomes: be less agitated, more engaged in surroundings, experience fewer incidents of "sundowning," particularly on the days when clients have music therapy and caregivers will report that the program has had a positive impact on both the client and caregiver's lives. The Memory and Problem Behavior Checklist (RMPBC) is used for the clinical and empirical assessment measuring outcomes. For this population, outcomes are measured in relationship to a limited time period such as during and after the program and extending into the evening.

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?

This program is funded on a monthly basis for services that are reported in the Florida Department of Elder Affairs CIRTS system. If the agency failed to meet the deliverables, then the agency would not be able to submit for payment of services.

5. Requester Contact Information						
a. First Name	Jaclynn	Last Name	Faffer			
b. Organization	Baker Senior Center Napl	es, INC				
c. E-mail Address	jfaffer@naplesseniorcente	er.org				
d. Phone Number	(239)325-4444	Ext.				
16. Recipient Contact Information						
a. Organization	Baker Senior Center Napl	es, INC				
b. Municipality and County Collier						
c. Organization Type						



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□For Profit Entity	□For Profit Entity					
☑Non Profit 501(c	☑Non Profit 501(c)(3)					
□Non Profit 501(c	□Non Profit 501(c)(4)					
□Local Entity						
□University or Co	llege					
□Other (please sp	□Other (please specify)					
d. First Name	Anne	Last Name	Chernin			
e. E-mail Address	achernin@naplessen	iorcenter.org				
f. Phone Number	(239)325-4444					
17. Lobbyist Contact I	17. Lobbyist Contact Information					
a. Name	None					
b. Firm Name	None					
c. E-mail Address						
d. Phone Number						