

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Alzheimer's Project, Inc.
2. Date of Submission: 12/09/2015
3. House Member Sponsor(s): Alan Williams

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	0	150,000	150,000	0	0	150,000	150,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Debbie Moroney
- b. Organization: Alzheimer's Project Inc.
- c. Email:
- d. Phone #: (850)386-2778

6. Organization or Name of Entity Receiving Funds:

- a. Name: Alzheimer's Project, Inc.
- b. County (County where funds are to be expended) Leon
- c. Service Area (Counties being served by the service(s) provided with funding) Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Taylor, Wakulla, Washington

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

The Alzheimer's Project provides services to the growing number of caregivers and their loved ones in the Leon County and surrounding 9 counties. The services are part of a continuum of services to meet the needs of Florida's aging population and supports the Care and Cure Initiative being launched by the Department of Elder Affairs. Rural Counties are the most challenged in terms of adequate resources. The Alzheimer's Project provides free crisis counseling, case management and day respite to caregivers caring for loved ones with Alzheimer's disease or other dementias. This request would continue to fully support the 4 professional staff hired as a result of 2014-2015 and 2015-2016 funding and would enable the agency to maintain the AmeriCorps Program which provides an additional 24 Member Volunteers currently trained and serving veterans and their families living with Alzheimer's disease in our 10 county service area of North Florida. The 4 professional staff and the 24 AmeriCorps member volunteers exist because of the funding we were originally awarded in FY 2014-15 and in absence of funding these 4 positions as well as the 24 AmeriCorps members currently serving veterans would cease to exist. The Alzheimer's Project offers a highly replicable, cost-efficient model for community based care across Florida. Substantial cost-savings to the state are realized through the avoidance of institutional care and the economic impact of caregivers being able to keep their jobs. ? Outcomes of 2014-15 ? 180 hours of Case Management ? 137 Support Groups across 9 counties ? 102 Educational Programs across 5 counties ? 5,266 hours of facility based respite ? 1,232 hours of in-home respite ? One client utilizing Alzheimer's Project Services costs just under \$13,000 annually. Comparatively, assisted living facilities cost between \$45,000-\$75,000 per year, and nursing homes about \$54,000 per year. ? Continue and sustained funding will enable the agency to continue to assist families with aging in place and avoid significantly greater cost to the state that come with institutional care. The Project's funding partners include: Leon County Government, United Way of the Big Bend, United Way of Franklin, Gadsden, Jefferson, Taylor and Wakulla County, Area Agency on Aging of North Florida, AmeriCorps and the Frueauff Foundation. The \$150,000 covers 3.5 FTE.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 64,215

State: 40,000 (Excluding the requested Total Amount in #4d, Column G)

Local: 94,906

Other: 267,234

9. Is this a multi-year project requiring funding from the state for more than one year?

No