

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: National Alliance to Nurture the Aged and the Youth (NANAY) ? Elder Health Initiatives

2. Date of Submission: 02/09/2017

3. House Member Sponsor: Roy Hardemon

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
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?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:					148,765	148,765

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Elder Affairs

6. Requester:

- a. Name: Winnie Tang
- b. Organization: NANAY Community Economic Development Corporation (NANAY CEDC)
- c. Email: winnievhtang@aol.com
- d. Phone #: (305)753-8791

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Winnie Tang
- b. Organization: NANAY Community Economic Development Corporation (NANAY CEDC)
- c. Email: winnievhtang@aol.com
- d. Phone #: (305)753-8791

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: NANAY Community Economic Development Corporation/NANAY CEDC
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Miami-Dade, Palm Beach

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Seek innovative approach, combining support in the areas of dance & music exercise therapy, health fairs, computer classes, and group counseling to enhance the quality of life and healthy well-being of older adults and to reduce their isolation.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Executive Director (1): implementing and expanding programs; develops strategic plans and sets goals for all programs; also connects with local businesses, elected officials and community leaders to gain support and resources for their programs.	17,550
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Office Assistant (1): ensuring that the office functions efficiently and smoothly and provides clerical,	8,775
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Expenses include Facility Expenses, Phones, Security, Water, Insurance, Travel, Other.	9,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Program Director (1): implementation, management, supervision, follow-up,	89,635

	networking, coordination, and evaluation of all programs; Program Assistant (1): provides support to the program and administrative support to Program Director; Transportation Driver (1); Social Worker Counselor (1); IT/Computer Trainer (1).	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Expenses include marketing promotion, toner cartridges, copy machines, paper, insurance, mini-bus maintenance, office supplies, Travel/Other.	23,805
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		148,765

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Letters of support from Alkalife; from Asian American Federation of Florida - South Region; and from OCA South Florida Chapter.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- Other (Please describe)

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Dance & Music Exercise Therapy, Health & Wellness Fairs, Computer Classes, and Group Counseling to enhance the quality of life of older adults and reduce their isolation.	Daily Activities Tracking log. Registered Nurses will provide bimonthly checkups for older adults.
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Further community understanding of culture to celebrate our differences, as well as take responsibilities for community health and well-being.	Will hold 2 cultural events during Health Fairs to celebrate and showcase community cultures to increase community's health awareness and understand diverse community better.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input checked="" type="checkbox"/> Improve transportation conditions	Provide at least 10 older adults who cannot drive anymore on his/her own home pick-up and return home transportation services 5 times a week, 52 weeks a year.	Transportation pick-up and return tracking logs.
<input type="checkbox"/> Increase or improve economic activity		

<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Create 7 new job opportunities.	NANAY CEDC Payroll system: Executive Director (1), Program Director (1), Program Assistant (1), Transportation Driver (1), Social Worker Counselor (1), IT/Computer Training (1), Office Assistant (1).
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Enhance new hired staff with economic self sufficiency.	NANAY CEDC Payroll System: Executive Director (1), Program Director (1), Program Assistant (1), Transportation Driver (1), Social Worker Counselor (1), IT/Computer Training (1), Office Assistant (1).
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
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1. Amount Requested from the State in this Appropriations Project Request:	148,765	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	148,765	100%	

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

No