Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: <u>Senior Friendship Centers - Capital Repairs/Maintenance</u>

2. Date of Submission: 10/18/2017

3. House Member Sponsor: Julio Gonzalez

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, Col. E

- 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:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)		Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)			
Column:	Α	В	С	D	E	F
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)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					661,910	661,910

- 5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2018-19? 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? Department of Elder Affairs
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

N/A

6. Requester: a. Name: Erin McLeod b. Organization: Senior Friendship Centers, Inc. c. Email: emcleod@friendshipcenters.org d. Phone #: (941)556-3242
 7. Contact for questions about specific technical or financial details about the project: a. Name: <u>Carla Benison</u> b. Organization: <u>Senior Friendship Centers, Inc.</u> c. Email: <u>cbenison@friendshipcenters.org</u> d. Phone #: (941)584-0040
 8. Is there a registered lobbyist working to secure funding for this project? a. Name: None b. Firm: None c. Email: d. Phone #:
 9. Organization or Name of entity receiving funds: a. Name: Senior Friendship Centers, Inc. b. County (County where funds are to be expended): Sarasota c. Service Area (Counties being served by the service(s) provided with funding): Charlotte, Collier, DeSoto, Lee, Sarasota
 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?

Capital construction in the form of repairs and remodeling for two active senior campuses located in Sarasota and Venice. Projects include: replacement of water damaged acoustic ceiling tiles/metal grid in senior center; rebuild/modernize 3 elevators (from 1980); restroom renovations for multiple program areas; re-asphalt drive and parking areas; replace roof of adult day care; window replacement in senior center building; flooring replacement. A prioritized list is available.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
□a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
☐e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	Ceiling replacement, rebuild elevators, restroom renovations, flooring, window replacement, roof-re-asphalt driveway and parking areas.	661,910

TOTAL	661,910

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

OFor Profit

⊙Non Profit 501(c) (3)

ONon Profit 501(c) (4)

- OLocal Government (e.g., police, fire or local government buildings, local roads, etc.)
- OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

OOther (Please describe)

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:

Support from members of the Florida House including the Sarasota County Legislative Delegation and Senate, and the Sarasota Board of County Commissioners pledged leverage dollars and verbal support.

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

16a. Please Describe:

A 30-Year Reserve Study was conducted by Dreux Isaac & Associates during the summer of 2015 outlining the recommended capital iprovements over the next three decades. The report provided our organization with specific information to re-establish a capital reservces program for the budget year that begain in 2016. Replacement values/lives were adjusted to reflect current economic conditions, local contractor info, bid proposals, and a database of constrituion costs/indexes.

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

Yes

- 17a. What are the activities and services that will be provided to meet the purpose of the funds?

 Professional contractors will be hired to do the following projects: replace water-damaged ceiling tiles and metal grid; update 3 aging elevators; replace old flooring on the first floor of the Venice building; bathrooms will be updated/renovated to meet modern needs; replace a leaky roof on the Sarasota caregiving center; the driveway/parking area in Venice will e re-asphalted; old/energy inefficient windows will be replaced in the Sarasota location.
- 17b. Describe the direct services to be provided to the citizens by the funding requested.

Two campuses in Sarasota and Venice provide the infrastructural home to a myriad of services throughout five counties: Nationally accredited senior centers provide education, wellness, economic counseling, etc. Adult Day programs offer respite for caregiving families of frail elders dealing with Alzheimer's and other dementias. Retired volunteer physicians/dentists serve low-income/uninsured seniors in national model clinics. Nutritious meals feed hungry seniors in social/home delivered settings

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").
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
☐General (The majority of the funds will benefit no specific group)
Other (Please describe)

17d.	How many in the target population are expected to be served?
0	< 25
02	25-50
05	51-100
01	101-200
02	201-400
04	401-800
② :	>800

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

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
☑Improve physical health	Water-damaged ceiling tile has compromised the air quality, although we are not measuring breathing	Pre and post survey of clients to test for air quality inside buildings
□Improve mental health		
☑Enrich cultural experience	100% of individuals surveyed will note an improved experienced with the proposed capital project: ceiling tiles, windows, floors, roof, bathrooms, elevators, driveway/parking area	Pre and post surveys
□Improve agricultural production/promotion/education		
□Improve quality of education		
□Enhance/preserve/improve environmental or fish and wildlife quality		
□Protect the general public from harm (environmental, criminal, etc.)		

□Improve transportation conditions		
□Increase or improve economic activity		
□Increase tourism		
□Create specific immediate job opportunities		
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
☑Other (Please describe): Protect/maintain Sarasota	100% satisfaction of clients/	Pre and post satisfaction surveys of
County's only public senior-specific, multi-function	volunteers for capital	clients and volunteers
campuses	repair/maintenance projects to	
	infrastructure housing multiple	
	programs and services serving	
	seniors.	
	1	

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of
			funds guaranteed in
			writing?

1. Amount Requested from the State in this Appropriations	661,910	76.9%	N/A
Project Request:			
2. Federal:	0	0.0%	No
Z. i Gdordi.		0.070	140
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No
Column F)			
4. Local:	100,000	11.6%	Yes
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5. Other:	99,287	11.5%	Yes
TOTAL	861,197	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? $\underline{\text{No}}$