

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Alzheimer's Memory Mobile

2. Date of Submission: 11/07/2017

3. House Member Sponsor: Scott Plakon

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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, Col. E
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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:	A	B	C	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:		100,000	100,000		100,000	100,000

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.

The program is monitored annually by the Area Agency on Agency of Southwest Florida and any necessary corrective actions are worked through with AAA

6. Requester:

- a. Name: Angela McAuley
- b. Organization: Alzheimer's Disease and Related Disorders Association, Inc. Florida Gulf Coast Chapter
- c. Email: admcauley@alz.org
- d. Phone #: (727)458-4846

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Chuck Albrecht
- b. Organization: Alzheimer's Disease and Related Disorders Association, Inc. Florida Gulf Coast Chapter
- c. Email: calbrecht@alz.org
- d. Phone #: (727)578-2558

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Natalie Kelly
- b. Firm: Acclaim Strategies, Inc.
- c. Email: natalie@acclaimstrategies.net
- d. Phone #: (850)570-5747

9. Organization or Name of entity receiving funds:

- a. Name: Alzheimer's Disease and Related Disorders Association, Inc.
- b. County (County where funds are to be expended): Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Charlotte, Citrus, Collier, DeSoto, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota, Sumter

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?

To increase awareness of support and medical services for citizens impacted by Alzheimer's disease or a related dementia and to streamline them into services that will reduce the negative impacts caregivers and people living with Alzheimer's or a related dementia experience.

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:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	0.05 FTE Salary and Benefits for Vice President of Programs to oversee and monitor the program	4,560
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	1.65 FTE Salary and Benefits to provide the services of the Memory Mobile	64,840
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Funds to be utilized to cover the costs associated with insurance, fuel , maintenance, printing, lodging, meals and staff travel associated with providing the services of the Memory Mobile.	30,600

<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

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)

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:

Discussed Hillsborough, Citrus, Polk and Pinellas, County Delegate meetings.

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:

The services and methodologies of the Memory Mobile and its ability to streamline clients into comprehensive services are based on the unique Alzheimer's caregiver research conducted William Haley, Ph.D. of USF and Dr. Mary Mittelman, P.H. of New York University. In this study a comprehensive package of interventions including those offered through the Memory Mobile was demonstrated to improve caregiver depression, reduce stress, maintain caregiver health, and delay placement by 1.5 years.

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?

he Memory Mobile will serve as a mobile office providing service stops in Charlotte, Citrus, Collier, DeSoto, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota and Sumter. A minimum of 100 stops will be provided throughout the fiscal year. The services that will be available during each of these stops will include Memory Education, Care Consults and Information Services.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Memory Education ? Program staff will work one-on-one with visitors to the Memory Mobile to provide them information on the 10-warning signs of Alzheimer?s or other related dementias. Staff will work with the individuals to determine if they are experiences one or more of these warning signs, and if necessary provide them referrals to obtain an accurate diagnosis of what is behind the warning signs they are experiencing.

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): he target population to be served by this project include people living with Alzheimer?s disease or

17d. 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 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
<input checked="" type="checkbox"/> Improve physical health	Visitors will gain knowledge regarding the 10 Warning Signs of Alzheimer?s disease and related dementias. ? Visitors expressing concern regarding experiencing one or more of the 10 Warning Signs will know where to go for to obtain an accurate diagnosis ? People living with Alzheimer?s disease or a related dementia and/or their caregivers will gain knowledge beneficial to the management of the disease. ? People impacted by Alzheimer?s disease will be streamlined to vital services.	Of those who receive Memory Education 91% will report they know about the process of getting a diagnosis, 90% will report they know the benefits of early detection. Of those receiving a care Consult 91% will know where to find needed resources and 87% will know better ways to cope with their situation.
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<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 type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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 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 Project Request:	100,000	87.8%	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:	10,000	8.8%	Yes
5. Other:	3,844	3.4%	Yes
TOTAL	113,844	100%	

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

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

- ☒ <1M
- ☐ 1-3M
- ☐ >3-10M
- ☐ >10M

20b. How many additional years of state support do you expect to need for this project?

- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☒ ≥ 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- ☐ Ongoing activity ? no total cost
- ☒ <1M
- ☐ 1-3M
- ☐ >3-10M
- ☐ >10M