

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Neighborhood Care Network, Inc. - Elder Meals Program

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Larry Ahern

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
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 plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					812,500	812,500

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.

Financial sanctions, termination of contract, and possible payback of funds.

6. Requester:

- a. Name: Debra Shade
- b. Organization: Neighborly Care Network, Inc
- c. Email: dshade@neighborly.org
- d. Phone #: (727)572-9444

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

- a. Name: Debra Shade
- b. Organization: Neighborly Care Network, Inc
- c. Email: dshade@neighborly.org
- d. Phone #: (727)572-9444

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

- a. Name: Matthew Blair
- b. Firm: Corcoran & Johnston
- c. Email: matt@corcoranfirm.com
- d. Phone #: (813)220-2549

9. Organization or Name of entity receiving funds:

- a. Name: Neighborly Care Network, Inc.
- b. County (County where funds are to be expended): Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Pinellas

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?

Provides meals to seniors who in danger of being institutionalized in a nursing home, which will cost the state a minimum of \$70,000 per year. To take residents off of our waiting list of 1000 currently. provide nutrition counseling and food to reduce recidivism to hospitals due to health failure due to malnutrition.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Food cost per meal at \$4.50 per meal for 500 clients at 250 days per year.	562,500
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Contracted delivery of food to clients home daily at \$2.00 per delivery of meal. 250 delivers per client per year for 500 clients.	250,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		812,500

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:

Local county commissioners and mayors support this request. The Area Agency on Aging for Pinellas, Pasco County support this request. The residents in the county support this request.

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:

Yes, a needs assessment was completed by an independent third party. It demonstrated the overwhelming growth for needed services in Pinellas County. A copy can be made available.

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?

Home delivered hot meals served 5 days per week, 52 weeks per year for 500 clients.

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

Same answer as above.

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?

- < 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	Nutrition Risk will improve. Early release from hospitals if nutrition is improved. Release from hospital more rapidly if support services exist for patient. Delayed entry into	Nutritional Risk Assessment Tool will be completed on patient. Client surveys are conducted regularly. Recidivism to hospitals due to poor nutrition or no meal access will

	nursing home due to poor nutrition or no access to meals.	decline.
<input checked="" type="checkbox"/> Improve mental health	A visit daily from a caring driver will improve sense of loneliness, depression, and isolation.	Assessment by registered dietician. Daily check by delivery personnel. Reports from medical doctor or care giver surveys.
<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 checked="" type="checkbox"/> Increase or improve economic activity	If client remains in their own home, the continue to pay taxes, purchase commodities, goods and services. If that same individual is placed in a nursing home due to poor nutrition, no access to meals and the like, they become a cost, typically to the Medicaid system, at a cost of approximately \$70,000 annually.	Tax bills are paid. They contribute to the overall community.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual?s economic self sufficiency		

<input checked="" type="checkbox"/> Reduce recidivism	Clients that do not eat properly are frail and most often end up in a nursing home or in a medical hospital. They are weak and frail.	Less admissions to the hospital.
<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:	812,500	73.3%	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:	296,000	26.7%	Yes
5. Other:	0	0.0%	No

TOTAL	1,108,500	100%	
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20. Is this a multi-year project requiring funding from the state for more than one year?

No