

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: Boynton Bay Tower
2. Date of Submission: 01/28/2016
3. House Member Sponsor(s): Jeanette Nunez

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? 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 | 500,000 | 500,000 |

- 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: Conchy T. Bretos
- b. Organization: Mia Consulting Group, Inc. d/b/a Mia Senior Living Solutions
- c. Email: cbretos@miaseniorliving.com
- d. Phone #: (877)864-4248

6. Organization or Name of Entity Receiving Funds:

- a. Name: American Communities, Inc., on behalf of Boynton Bay Towers
- b. County (County where funds are to be expended) Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding) Palm Beach

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 affordable assisted living facility will be built on land purchased by the owner entity in the center of an existing 240 unit Low Income Housing Tax Credit project for seniors named Boynton Bay, Ltd in Boynton Beach, Florida. Simultaneously we will be building on the adjacent land another 110 rental apartments for low to moderate income seniors, so there will be a total of 350 senior households, housing perhaps 500 to 600 persons 62 years of age and older, who could be among those served by the proposed 100 assisted living and 20 memory care units.

The affordable 100 assisted living units and 20 memory care beds will divert/transfer from nursing homes 120 low income seniors at a savings to the Medicaid program of approximately \$8 million per year. Savings to the Florida Medicaid program will be tracked and reported to the legislature. NURSING HOME CARE COSTS FOUR TIMES AS MUCH AS ASSISTED LIVING SERVICES, SO FUNDING THESE FACILITIES WILL GENERATE CONSIDERABLE SAVINGS FOR THE STATE AND ITS TAXPAYERS!

Residents will receive 24 hour supervision, assistance with activities of daily living, three meals a day, supervision of self-administration of medication, coordination of health care services, a robust calendar of activities, and health monitoring by contracted third parties. There will be an adult day care and services will be provided to the nearby independent living facilities.

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

Federal: 11,000,000

State: 2,400,000 (Excluding the requested Total Amount in #4d, Column G)

Local: 3,000

Other: 8,840,000

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

No