

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: Lauderdale Lakes Alzheimer Care
2. Date of Submission: 12/18/2015
3. House Member Sponsor(s): Hazelle Rogers

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 <i>(If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2016-17 <i>(If no new Recurring or Nonrecurring funding is requested, enter zeros.)</i>			
	Column: A	B	C	D	E	F	G
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>	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested <i>(Nonrecurring is one time funding & must be re-requested every year)</i>	Total Funds Requested Over Base Funding <i>(Recurring plus Nonrecurring: Column E + Column F)</i>
Input Amounts:					0	200,000	200,000

- 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: Kelvin L. Baker, Sr.
- b. Organization: City of Lauderdale Lakes
- c. Email: kelvinb@lauderdalelakes.org
- d. Phone #: (954)535-2740

6. Organization or Name of Entity Receiving Funds:

- a. Name: City of Lauderdale Lakes
- b. County (County where funds are to be expended) Broward
- c. Service Area (Counties being served by the service(s) provided with funding) Broward

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 City of Lauderdale Lakes is committed to providing a healthy environment within the Lauderdale Lakes Alzheimer's Care Center. The City of Lauderdale Lakes is one of a few municipalities within the State of Florida that provides much needed day care services for people with the Alzheimer disease. Adequate services are vital to the overall health and well-being of the Lauderdale Lakes Alzheimer Care Center's clientele.

The Lauderdale Lakes Alzheimer Care Center, established in 1993, is a licensed Adult Day Care Center that provides programs and services for persons with the Alzheimer's disease and related memory disorders. Today, the Lauderdale Lakes Alzheimer Care Center provides over 51,000 respite hours annually to over 50 seniors. The Center provides services to many residents in Broward County.

Funds are requested to assist in the expansion of services to include caregiver support coordination, therapy and medical care for individuals with developmental disabilities. The City of Lauderdale Lakes has not been able to meet the demand for these services due to insufficient funds. A continued reduction in funds from state agencies could lead to a reduction in critical services, staff reductions or discontinuation of the Center.

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

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 200,000

Other: 0

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

No