



**JEB BUSH**  
GOVERNOR

**TERRY F. WHITE**  
SECRETARY

## M E M O

**TO:** AAA Directors  
All DOEA Employees  
ADI Advisory Council Members  
CCE Lead Agency Executive Directors  
DOEA Advisory Council Members  
Florida Association of Aging Service Providers  
Florida Association of Senior Centers  
Florida Chapter of the Alzheimer's Association  
Office of Long-Term Care Policy Advisory Council Members  
State Long-Term Care Ombudsman Council Members

**NOTICE#:** 072203-1-I-LA

**FROM:** Terry White  
Secretary

**DATE:** July 18, 2003

**SUBJECT:** Notice of Instruction: Request for 2004 Legislative Proposals

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Attached please find the form for submitting a request for 2004 DOEA legislative proposal(s). I welcome any proposals you may have, however, please use a separate form for each proposal you submit. Due to time constraints associated with submitting the Department's requests to the Governor, I am requesting that you submit your proposal(s) to DOEA **no later than Friday August 15, 2003**.

If you have any questions regarding this request, please refer them to the Department's Legislative Affairs Administrator, Mark Walsh. He may be reached directly by phone at (850) 414-2155 or by e-mail at [WalshM@elderaffairs.org](mailto:WalshM@elderaffairs.org). Once you have completed your proposal, please obtain any necessary approval from your supervisor, and return an electronic copy to Mr. Walsh at the above e-mail address. If your proposal requires your supervisor's signature, please fax a copy of the signed page to (850) 414-2006 (attention: Mark Walsh), or mail it to the address printed on this letterhead.

Thank you in advance for your cooperation. I look forward to reading your proposals. Together we can create an environment that provides choices, promotes independence, and enables older Floridians to remain in their communities for a lifetime.

TW/mw

Attachment

<http://elderaffairs.state.fl.us>

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TALLAHASSEE  
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TDD 850.414.2001

# DEPARTMENT OF ELDER AFFAIRS REQUEST FOR 2004 LEGISLATIVE PROPOSAL

**ISSUE NAME:** [Type Issue Name Here (ex: RELIEF Program Revisions)]

**REQUESTER NAME:** [Type Your Name and Division or Organization Here]

## **I. SUMMARY:**

[Begin typing summary here. Provide a brief summary of what you are proposing and why.]

## **II. PRESENT SITUATION:**

[Begin typing present situation here. Provide a description of the program or situation as it currently exists.]

## **III. EFFECT OF PROPOSED CHANGES:**

[Begin typing effect of proposed changes here. Provide a detailed description of how your proposed legislation would make the law more favorable for the Department and/or elders.]

## **IV. AFFECTED AREAS: (Agencies and Groups)**

[List all state agencies or groups who may be affected by your proposal here.]

## **V. FISCAL IMPACT: (Recurring, Non-recurring and Long-run Effects)**

### **1. LOCAL GOVERNMENT:**

[How might your proposal positively or negatively affect the fiscal health of local governments? If you estimate that it will have no impact, state NONE.]

### **2. STATE:**

[How might your proposal positively or negatively affect the fiscal health of state government? If you estimate that it will have no impact, state NONE.]

### **3. PRIVATE SECTOR:**

[How might your proposal positively or negatively affect the fiscal health of the private sector? Which specific entities of the private sector will be fiscally impacted by your proposal? If you estimate that it will have no impact, state NONE.]

## **VI. APPROVAL**

Once you have completed your request and brief analysis, if necessary, please obtain the signature of your supervisor. If your supervisor approves of your proposal, forward your signed copy, as well as an electronic copy of your request, to Mark Walsh in the Office of Legislative Affairs ([WalshM@elderaffairs.org](mailto:WalshM@elderaffairs.org)).

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Signature of Requester

Date

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Signature of Division Director

Date