



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3503

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

The Lighthouse of Collier intends to serve thirty or more clients with blindness or vision loss, who want to maintain independence in their homes. We would utilize 2 full-time equivalent Certified Instructor and/or an Assistive Technology Instructor to provide 1:1 instruction in ADL's (Activities of Daily Living) and/or Assistive Technology training to enable clients to function independently within their homes.

Clients will be given on average anywhere from 3 to 15 lessons on ADL's (Activities of Daily Living) and/or Assistive Technology training. Length of training depends on severity and speed of onset and ability to remain independent in their home.

5. **State Agency to receive requested funds**
- State Agency contacted?** No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	0
Total State Funds Requested	150,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	150,000	75%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	50,000	25%
Total Project Costs for Fiscal Year 2024-2025	200,000	100%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	150,000	45	No

9. **Is future funding likely to be requested?** Yes
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

Payroll Protection Program, to cover payroll and overhead expenses. 2020 PPP was \$75,540 and 2021 PPP was \$93,227. We also received ARPA/Collier American Rescue Plan funds in the amount of \$43,485.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	2 Full-time equivalent Certified Vision Rehabilitation Therapist (CVRT) or Teacher of the Visually Impaired (TVI) or Certified Orientation and Mobility Instructor (COMS) or OT with certificate in Low Vision Rehabilitation or Assistive Technology Instructor.	150,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		150,000

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?



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To provide training in home for visually impaired citizens in Collier County with blindness or vision loss, who want to maintain independence in their homes. Training to be provided in ADL's (Activities of Daily Living) and/or Assistive Technology.

b. What activities and services will be provided to meet the intended purpose of these funds?

Educational services in client's homes to help maintain their independence. The majority of training would be in the home but may take place at center.

c. What direct services will be provided to citizens by the appropriation project?

Clients will be given on average anywhere from 3 to 15 lessons on ADL's (Activities of Daily Living) and/or Assistive Technology training. Length of training depends on severity and speed of onset and ability to remain independent in their home.

d. Who is the target population served by this project? How many individuals are expected to be served?

Visually Impaired & Blind Citizens of Collier County and surrounding areas. Approximately 30-45.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

A Comprehensive Functional Assessment which helps to determine goals is completed with the therapist before lessons are started and after training is complete. Instructor will consider a goal met when a client can master said goal 3 out of 3 times. Overall program success will be based on a minimum of 85% of the participants meeting their individual goals.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

A month's payment may be forfeited for any month that the equivalent of a minimum of two (2) full-time equivalent Certified instructors are not on staff providing the duties and functions necessary to meet the required outcome of the project.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College



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Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number