



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1347

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

**4. Project/Program Description**

The Bridge to Speech project will provide opportunities for families of students who are deaf or hard of hearing ages 2.9 to 7 to choose a private auditory oral program with faculty members who are credentialed certified Listening and Spoken Language Specialists. Both center based and virtual based education and support services will be available. The Bridge to Speech gap funding will include audiology, evaluation, listening and spoken language therapy, family education, consultation, and technical assistance for students throughout Florida. Highly qualified educational specialists will address goals on Florida's Board of Education Strategic Plan to create the foundation for lifelong success for students with hearing loss.

5. State Agency to receive requested funds
- State Agency contacted?

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

Type of Funding	Amount
Operations	1,750,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,750,000</b>

**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)	1,750,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>1,750,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	1,750,000	101	No

9. Is future funding likely to be requested?
- a. If yes, indicate nonrecurring amount per year.
- b. Describe the source of funding that can be used in lieu of state funding.

There is no other funding available that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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No

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

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Salary of Director provides supervision for all activities including staff supervision, training, technical support for school districts, data entry and collection, direct service provision, and progress reports.	132,000
Other Salary and Benefits	Administrative support for project director and staff.	56,900
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Direct services for children and families during the summer and school year by teachers of the deaf, speech-language pathologists, and teacher assistants.	1,212,000
Expense/Equipment/Travel/Supplies/Other	Instructional and testing materials, curriculum books, kindergarten and first grade math, reading, and handwriting books, classroom materials, supplies for the provision of auditory-oral services. In addition, testing protocols, updated standardized vocabulary measures (EVT-3, PPVT-5) will be purchased for progress monitoring and data entry purposes. Office Supplies will include computers for virtual services, meetings, reports, and recordkeeping.	199,000
Consultants/Contracted Services/Study	Consultants will provide support for children enrolled in the programs with additional needs including audiologists, physical therapists and occupational therapists.	150,100
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,750,000</b>



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#### 14. Program Performance

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

To provide funding and gap funding for children with hearing loss who are using listening and spoken language. This funding will ensure that children who are deaf and hard of hearing can seamlessly transition and have full funding to attend an auditory oral program as defined in Florida Statute 1002.391 The statute defines an auditory oral program as having a supervisor and faculty members who are credentialed as Certified Listening and Spoken Language Specialists each day the child is in attendance.  
 2. To use funds to provide services for children in rural and underserved areas using tele-practice.  
 3. To provide the appropriate support services for children in auditory oral programs that may include audiology, Occupational Therapy, and Physical Therapy. These services would be determined by an evaluation team.

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

1. Auditory oral education classrooms from ages 2.9 to 7 years
2. Auditory, speech and language therapy for each child as part of the program
3. Evaluations are conducted every 6 months to ensure progress in speech, language and academics.
4. Parent guidance and support will be provided to encourage home and school carryover to maximize progress.
5. Support for professionals and districts.
6. Support services for children in inclusions programs will also be provided including direct service (e.g. Speech, tutoring, evaluations, IEP consultations for children in rural and underserved areas).

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

Direct services to be provided for children ages 2.9 to 7 years of age with hearing loss include an Auditory Oral Education program, educational audiology services, evaluations, listening and spoken language therapy and parent education. Services for children in inclusion programs will also be supported through auditory, speech and language therapy, tutoring, itinerant services, evaluations and consultations.

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

The target population of this project is students who are deaf or hard of hearing, their families, and professionals who serve students with hearing loss. The number of students and families served annually is approximately 750 including center-based and community-based as well as students, families, and professionals served in other counties throughout Florida. We expect to serve 700 professionals attend community professional workshops and 1,200 parents attend family events.

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

The benefit of this project is that children with hearing loss have access to funds that allow their families to choose a private auditory oral program so that they can gain the skills they need to be successful in an inclusion classroom by age 7. The success of the program will be measured by performance on academic and standardized testing that demonstrates progress and the closing of gaps in auditory, speech, language and academic skills.

##### 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?

Return of funds not used.

#### 15. Requester Contact Information

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

#### 16. Recipient Contact Information



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**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
- 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**