



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1025

1. **Title of Project:** Lighthouse for the Blind – Collier

2. **Senate Sponsor:** Kathleen Passidomo

3. **Date of Submission:** 01/25/2019

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 hire a full time Certified Vision Rehabilitation Therapist (CVRT) to provide 1:1 instruction in compensatory skills to enable clients to function independently within their homes.

5. **State Agency to receive requested funds :** Department of Education

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	85,000
Fixed Capital Outlay	
Total State Funds Requested	85,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	85,000	58.62%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	60,000	41.38%
Total Project Costs for Fiscal Year 2019-2020	145,000	100.0%

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. **Is future-year funding likely to be requested?** Yes

a. If yes, indicate non-recurring amount per year. 85000

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
Administrative Costs:		



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1025

Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits	Full-time CVRT (Certified Vision Rehabilitation Therapist)	75,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	To assist with transportation needs to and from the center for the blind and visually impaired citizens of Collier County	10,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		85,000

11. Program Performance:

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

To provide training in home for visually impaired citizens to remain independent in their homes. The majority of training would be in their home but may take place at our center if needed.

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

Educational services in clients homes to help maintain their independence. The majority of training would be in their home but may take place at our center if needed.

c. What are the direct services to be provided to citizens by the appropriations project?

Clients will be given on average anywhere from 3 to 15 lessons in compensatory skills. 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 and Blind citizens of Collier County, all ages. Approximately 25-50.

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. Therapist will consider a goal met when a client can master said goal 3 out of 3 times. Overall program success is measured by at least 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 in the contract?

None



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1025

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Scott Flagel
- b. **Organization:** Lighthouse of Collier, Inc.
- c. **E-mail Address:** scott@lighthouseofcollier.org
- d. **Phone Number:** (239)430-3934

14. Recipient Contact Information:

- a. **Organization:** Lighthouse of Collier, Inc.
- b. **County:** Collier
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Scott Flagel
- e. **E-mail Address:** scott@lighthouseofcollier.org
- f. **Phone Number:** (239)430-3934

15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**