



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1141

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

2. **Senate Sponsor** Kathleen Passidomo

3. **Date of Request** 10/31/2019

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 utilize a Certified Vision Rehabilitation Therapist (CVRT) or Teacher of the Visually Impaired (TVI) or OT with Low Vision Rehabilitation certification to provide 1:1 instruction in ADL's (Activities of Daily Living) to enable clients to function independently within their homes.

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

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	85,000
Fixed Capital Outlay	000
<b>Total State Funds Requested</b>	<b>85,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	85000	59.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	60,000	41 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>145,000</b>	<b>100 %</b>

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	00	85,000	50	No

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ No

If yes, indicate nonrecurring amount per year. 85,000



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**10. 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		
Other Salary and Benefits	A Full-time Certified Vision Rehabilitation Therapist (CVRT) or Teacher of the Visually Impaired (TVI) or OT with Low Vision Rehabilitation certification	75,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
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		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>85,000</b>



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#### 11. Program Performance

a. What specific purpose or goal 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 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 their home but may take place at our center if needed.

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). 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 of Collier County. Approximately 25-45.

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. 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



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12. 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.

N/A

13. Requestor Contact Information

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

14. 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
  - ☒ Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.