

### The Florida Senate **Local Funding Initiative Request Fiscal Year 2021-2022**

LFIR # 1084

1. Project Title	Florida Association of Agencies Serving the Blind
2. Senate Sponsor	Jim Boyd
3. Date of Request	01/26/2021
4. Project/Program D	escription
12 who are blind or	nt Blind Service Lighthouses we offer Expanded Core Curriculum (ECC) instruction to children ages 5 - visually impaired. Our year-round program takes place at facilities and at community sites throughout

the State on Saturdays, and summer months. We use the nationally recognized, evidence-based curriculum to secure academic success and the "real life experience" that is essential to future employability. This ECC goes beyond what is available in public schools and also addresses the inherent social isolation in public schools by bringing the children from an entire county together in one place. An important piece of the ECC is geared towards parents and it offers support, advocacy and idea-driven solutions to child-rearing challenges that may come up.

5. State Agency to receive re-	quested funds	Department of Education
State Agency contacted?	Yes	

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	400,000
Fixed Capital Outlay	0
Total State Funds Requested	400,000

#### 7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	400,000	100%

8. Has this project previously received state funding?

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2020-21	500,000	0	53	No	

Fiscal Year	Fiscal Year Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2020-21	500,000	0	53	No	

Yes 9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year. 400,000

b. Describe the source of funding that can be used in lieu of state funding.

Local fundraising throughout the State, by Florida Association of Agencies Serving the Blind Lighthouses.

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

Yes



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

From CARES Act, for Payroll Protection Program: \$5,600

#### 11. 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	For services to Blind Children by teams of Certified Professionals in Florida Association of Agencies Serving the Blind Lighthouses.	400,000
Expense/Equipment/Travel/Supplies/ Other	ŭ ŭ ŭ	0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	400,000

#### 12. Program Performance

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

Blind and visually impaired children in this program attain the braille, technology and personal skills to keep pace academically and socially with their sighted peers in school. Specific blindness-related social, personal and pre-vocational skills are learned from a team of certified professionals.

- b. What activities and services will be provided to meet the intended purpose of these funds?
- 1. Academic success skills including braille/magnifiers 2. Safe travel skills with a white cane; 3. Social Interaction; 4. Recreation/Health Living; 5. cooking, hygiene, cleaning, money and budgeting, time mgmt; 6. Assistive Technology—screen readers/ magnification for computers; 7. experiential introduction to various careers 8. self-advocacy, making choices, planning for adulthood; 9. Sensory Efficiency skills (touch, hearing, smell, taste, balance). Individual and group classes, summer, school holidays, weekends.
- c. What direct services will be provided to citizens by the appropriation project?

Instruction of blind/visually impaired children at member agencies, their homes, and at community sites in specific skills to compensate for effects of blindness on academic achievement, social integration and making vocational goals; counseling of parents in rearing their blind children.

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

160 blind or visually impaired children in the State of Florida and their parents/primary caregivers.

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



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Academic achievement, acquisition of social and pre-vocational skills. Assessment through Pre- and Post-tests normed for blind/visually impaired children in academic, independent living, technology and other skills in the 9 Expanded Core Curriculum skills (See b. above).

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?

Penalties for failure to meet deliverables (hours of service and number of children served) are allotted by reducing payments. In previous years, all deliverables have been met.

13. T	he owners of the facility to receive, directly of	or indirectly, any fixed capital outlay funding. Include the
	elationship between the owners of the facility	

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### **The Florida Senate**

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14.	Requestor Contact	t Informat	ion			
	a. First Name	Elly		Last Name	du Pre	
	b. Organization	Florida A	Florida Association of Agencies Serving the Blind			
	c. E-mail Address	edupre@	beyondvisionloss	s.org		
	d. Phone Number	(305)898	-2636	Ext.		
15.	Recipient Contact	Informatio	on			
	a. Organization	Florida A Blind	ssociation of Age	ncies Servin	g the	
	b. Municipality and	d County	Statewide			
	c. Organization Ty	ре				
	□For Profit Entity					
	☑Non Profit 501(c	:)(3)				
	□Non Profit 501(c	c)(4)				
	□Local Entity					
	□University or Co	llege				
	□Other (please sp	pecify)				
	d. First Name	Elly		Last Name	du Pre	
	e. E-mail Address	edupre@	beyondvisionloss	s.org		
	f. Phone Number	(305)898	-2636			
16.	16. Lobbyist Contact Information					
	a. Name	Mary Kin	n McDougal			
	b. Firm Name	GrayRob	oinson PA			
	c. E-mail Address	kim.mcdo	ougal@gray-robir	nson.com		
	d. Phone Number	(850)577	-9090			