



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1096

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

**4. Project/Program Description**

This program will prevent blindness by providing exemplary state-of-the-art eyecare, free of charge, to those individuals, in the State of Florida, who do not have health insurance and are at, or below, 200% of the federal poverty guidelines. Services provided by the Florida Lions Eye Clinic include comprehensive eye exams and medical and surgical treatment of eye diseases, of which diseases include, but are not limited to, retina, cataract, and glaucoma conditions, and if left untreated, can lead to blindness. This grant will help provide the means to increase the number of hours for paid doctors and professionals, which will increase the number of patients seen, and conditions treated at the clinic by 10-20%, depending upon the hours scheduled and equipment purchased.

5. **State Agency to receive requested funds**

**State Agency contacted?**

**6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

Type of Funding	Amount
Operations	86,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>86,000</b>

**7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	86,000	40%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	130,000	60%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>216,000</b>	<b>100%</b>

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

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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.**

Private donations, fundraising events, grants

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.**

**11. 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	Salaries and Benefits for the Project Head	26,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Salaries and Benefits for Doctors, Ophthalmic Technician & Clinic Supervisor	60,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<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>86,000</b>

**12. Program Performance**

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

To help prevent blindness by providing free eyecare to Florida residence, including comprehensive eye exams and medical and surgical treatment of eye diseases. This population served is often isolated from normal daily activities because of their lack of access to quality eye healthcare, or are unable to afford it. Over time, they do not realize the degeneration of their eyesight that has occurred. This loss of sight can impact their performance as an employee, impede their personal enrichment, or negatively affect their academic performance. The Clinic provides quality eye care to patients, and offers remedies and cures so that the patient can resume their lives with sight, with a reduced amount of anxiety, allowing them to continue to contribute as active and productive members of the community, regain their social interactions, and lesson their depression. The Clinic goal is to provide services to 2,200-2,500 patients in the coming year.

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

FLLEC will perform comprehensive eye exams and many procedures and surgeries in house, that were at one time referred out for services, at the expense of FLLEC. Examples of such services include, but are not limited to procedures for Glaucoma and Pterygium. The Ophthalmic Technician will perform a range of duties which includes preparing the patient to see the Ophthalmologists and Optometrists (preliminary exam, medical history, & testing), preparation of examination and treatment rooms, applying aseptic techniques, performing basic and routine vision screening examinations, administering eye medications, cleaning and maintaining ophthalmic instruments, assisting physicians during minor surgical procedures. The Executive Director will perform outreach to educate the public on the services the Clinic provides in order to increase the number of patients served.

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



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Florida residents, in need of eyecare, will be provided free comprehensive eye exams and medical and surgical treatment of eye diseases, of which diseases include, but are not limited to, retina, cataract, and glaucoma conditions, and if left untreated, can lead to blindness. With the paid Ophthalmologists, the Ophthalmic Technician, and the Clinic Supervisor on board, the Clinic anticipates an increase in the number of patients seen to approximately 2,200 – 2,500 annually and will have the expertise to provide additional services that were otherwise sent out as a referral. Examples of such services include, but are not limited to, procedures for Glaucoma and Pterygium.

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

The target population is Florida residents who do not have health insurance and are at, or below, 200% of the federal poverty guideline levels. We expect to serve between 2,200 and 2,500 patients annually. Florida Lions Eye Clinic patients often have a more serious eye condition as a result of delayed eyecare due to a lack of accessibility and/or affordability. When patients arrive at the Clinic, most need medical eye care beyond that of an eyeglass prescription. Many are experiencing conditions that have progressed to a serious level and require advanced medical protocols. Patients are often in need of Glaucoma treatments, while others have a retina condition that requires eye injections. Due to the fact that several of the Clinic's patients are employed in outdoor jobs, such as agriculture, landscaping, or construction, many of the patients need basic pterygium surgeries to restore eyesight and maintain employment.

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

The outcome will be improvement in patient's conditions, quality of services provided, the number of various procedures being performed in the clinic, an increase in the number of patients referred out for service at no cost to the patient, and the increase in demographics of the patients being treated. The eye care services provided offers remedies to allow the patient to resume their lives prior to their vision loss. Those experiencing visual impairment, may experience depression, feelings of anxiety, social withdrawal, isolation, and medication errors. This loss of sight can impact their performance as an employee, impede their personal enrichment, or negatively affect their academic performance. Their regained eyesight reduces anxiety, allows them to regain social interactions, and lessens depression, allowing them to continue to contribute as active and productive members of the community. FLLEC measures outcomes via a monthly dashboards.

**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?**

None or reimbursement of funds not used for the intended purpose.

**13. 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



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#### 14. Requestor Contact Information

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

#### 15. 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

#### 16. Lobbyist Contact Information

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