

LFIR # 1191

1. Project Title	Florida Alliance for Assistive Services and Technology General Revenue Recurring Increase						
2. Senate Sponsor	Jason Pizzo						
3. Date of Request	10/18/2021						
4. Project/Program Des	scription						
disabilities through the Alliance for Assistive	ng will be used to increase the number of assistive technology services provided to individuals who have through the Assistive Technology Act of 2004 (Pub. L. No. 108-364). These services are provided by the Florida Assistive Services and Technology (FAAST). This increase would go directly to program cost for FAAST's eUse Center and Regional Demonstration Center programs.						
5. State Agency to rece	eive requested fu	<b>nds</b> Departm	ent of Education				
State Agency contac	ted? Yes						
6. Amount of the Nonre	curring Request	for Fiscal Year 20	22-2023				
Type of Funding			Amo	unt			
Operations				305,585			
Fixed Capital Outlay				0			
<b>Total State Funds Re</b>	equested			305,585			
Type of Funding  Total State Funds Red	guested (from gue	estion #6)	Amount 305,585	Percentage 20%			
Total State Funds Requested (from question #6)  Matching Funds		Suon #6)	303,363	2070			
Federal			816,871	52%			
	mount of this real	iest)	444,415	28%	1		
Local	State (excluding the amount of this request)			0%	1		
Other			0 0%		1		
<b>Total Project Costs f</b>	for Fiscal Year 20	22-2023	1,566,871	100%			
8. Has this project prev	viously received	state funding?	Yes				
Fiscal Year (уууу-уу)	Amo Recurring	ount Nonrecurring	Specific Appropriation #	Vetoed			
2021-22	444,415	0		No			
9. Is future funding like	ely to be requeste	ed?	Yes				
a. If yes, indicate nonrecurring amount per year.			305,585				
b. Describe the sour	ce of funding tha	nt can be used in li	eu of state funding.				
n/a							
10. Has the entity reque	esting this projec	ct received any fed	leral assistance rela	ted to the COVID-	19 pandemic?		



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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		
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		0		
Expense/Equipment/Travel/Supplies/ Other	\$55,585 for purchasing new assistive technology devices and equipment	55,585		
Consultants/Contracted Services/Study	\$50,000 for Regional Reuse Centers; \$200,000 for Regional Demonstration Centers	250,000		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
<b>Total State Funds Requested (m</b>	Total State Funds Requested (must equal total from question #6) 305,58			

### 12. Program Performance

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

FAAST will double the number of reutilization services provided by Regional Reuse Centers, purchase new assistive technology devices for our short-term loan program, and increase the assistive technology services provided through Regional Demonstration Centers.

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

All assistive technology services described in the federal Assistive Technology Act: assistive technology device demonstrations, device short-term loans, public awareness activities (information and assistance and device training), and device reutilization.

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

Compare and contrasting assistive technology devices to ensure an individual makes the most appropriate decision on which device will work best for them. The ability to borrow an assistive technology device at no cost to use in their home, work, or school environment. Citizens will have the ability through these services to be trained on assistive technology devices (this could be devices they currently own or intend to purchase). Citizens will also be able to recycle their durable medical equipment through this program and can obtain lightly used or refurbished durable medical equipment at no cost to them.

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

Individuals who have disabilities (all disabilities) and elderly persons. This funding request is estimated to provide 5,900 services to individuals.

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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Improve access to and acquisition of assistive technology. Survey questions used to address performance measures: primary purpose for which demonstrated assistive technology is needed and decision making outcome; primary purpose of short-term loan and decision making outcomes; reason for accessing loaned assistive technology; and primary purpose for which assistive technology is needed and reason for using the reuse program. Performance Measures collected and reported in National Assistive Technology Act Data System's Annual Progress Report.

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?

Current contract with Department of Education, Division of Vocational Rehabilitation #21-101 includes financial consequences for not meeting deliverables and performance measures.

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.
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14. Requestor Contact	Informat	ion			
a. First Name	Whitney		Last Name	Doyle	
b. Organization	Florida Alliance for Assistive Services and Technology, Inc.				
c. E-mail Address	wdoyle@faastinc.org				
d. Phone Number	(844)353	-2278	Ext.	107	
15. Recipient Contact	Informatio	on			
a. Organization	Florida Alliance for Assistive Services and Technology, Inc.				
b. Municipality and	l County	Statewide			
c. Organization Ty	c. Organization Type				
□For Profit Entity					
☑Non Profit 501(c	c)(3)				
□Non Profit 501(c	c)(4)				
□Local Entity					
□University or Co	College				
□Other (please sp	□Other (please specify)				
d. First Name	Whitney		Last Name	Doyle	
e. E-mail Address	wdoyle@faastinc.org				
f. Phone Number	(844)353-2278				
16. Lobbyist Contact Information					
a. Name	None				
b. Firm Name	None				
c. E-mail Address	s				
d. Phone Number					