

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

Auditory Oral Intervention for Children with Hearing Loss Program

LFIR # 1165

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2. Senate Sponsor	Colleen Burton					
3. Date of Request	02/08/2023					
4. Project/Program De	escription					
Auditory Oral Intervented as listening and spot State of Florida inclu	ention for Children ken language servio	ces to children	oss Pr birth t	ogram will provide lothree, with hearing	hearing screenings g loss, in multiple co	and evaluations as ounties throughout
5. State Agency to red	ceive requested fu	nds Dep	artme	nt of Health		
State Agency conta	cted? Yes	•				
Otate Agency conta	100					
Amount of the Nonr	ecurring Request	for Fiscal Yea	ar 202	3-2024		
Type of Funding				Amo	ount	
Operations					1,500,000	
Fixed Capital Outlay	,				0	
Total State Funds F	Requested				1,500,000	
	- ! !\/					a
Total Project Cost f	or Fiscal Year 202	3-2024 (includ	ling m	atching funds ava	illable for this proj	ect)
Type of Funding				Amount	Percentage	
Total State Funds R	equested (from que	estion #6)		1,500,000	100%	
Matching Funds			ı			
Federal				0	0%	1
State (excluding the	amount of this requ	uest)		0	0%	1
Local				0	0%	1
Other				0	0%	1
Total Project Costs	for Fiscal Year 20	023-2024		1,500,000	100%	
. Has this project pre	eviously received :	state funding?	2	Yes		
	•					1
Fiscal Year (yyyy-yy)	Amo			Specific Appropriation #	Vetoed	
	Recurring	Nonrecurri				
2022-23	0	1,500	0,000	451	No	
Is future funding lik	cely to be requeste	ed?	,	Yes		
a. If yes, indicate n	onrocurring amou	nt nor voor	Ī	1,500,000]
• ,	•		_	,		
b. Describe the sou	arce of funding tha	at can be used	l in lie	u of state funding	•	
Unfortunately, there Traditionally, we have	e isn't any source of ve attracted matchir	f financial supp ng funds from p	ort tha	at can be used in lie donors.	u of state funding.	
0. Has the entity req	uesting this projec	ct received an	v fede	eral assistance rela	ated to the COVID-	19 nandemic?
	acoming time projet	ot roocived all	y ioue	a a a a a a a a a a a a a a a a a a a	atou to the OOVID-	io pariacilito:
No						
If yes, indicate the	amount of funds i	received and v	what t	he funds were use	ed for.	



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Complete questions 11 and 12 for Fixed Capital Outlay Projects	

11.	Status of Cons	truction				
a. What is the current phase of the project?						
	Planning	ODesign	Construction			
	b. Is the project	shovel ready	r" (i.e permitted)?			
	c. What is the estimated start date of construction?					
	d. What is the e	stimated comp	oletion date of construction?			
12			y to receive, directly or indirec ners of the facility and the enti		outlay funding. Include the	

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount	
Administrative Costs:			
Executive Director/Project Head Salary and Benefits	Project head will oversee grant activities throughout Florida with collaborative partners, as well as, providing direct services. A significant portion of this individual's time and commensurate portion of salary will be assigned to this program.	42,500	
Other Salary and Benefits	Staff will compile data, coordinate services for families, schedule appointments, and assist with reports and enrollment.	15,000	
Expense/Equipment/Travel/Supplies/ Other	Supplies required include office services for families, schedule appointments, and assist with reports and enrollment.	5,000	
Consultants/Contracted Services/Study	Consultants and contracted staff are required to compile and review outcome data.	5,000	
Operational Costs: Other			
Salary and Benefits	The program will require early intervention faculty, OAE screeners, and therapists (including speech-language pathologists, teachers of the deaf, and audiologists with listening and spoken language expertise to provide direct services to infants, toddlers, and their families.	1,402,500	
Expense/Equipment/Travel/Supplies/ Other	To provide services to children in rural areas, funding is required for providers to travel to perform services, meet with families, and meet with other providers who are working with the families. Supplies can only be used once per child for identification of hearing loss. We travel the entire State of Florida to identify children with hearing loss and provide services.	30,000	
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)	1,500,000	



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14. Program Performance

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

The goal of the program is to expand access to audiology services and screenings in rural and under-served areas, and to provide local access to high-quality auditory-oral early intervention services for children who are deaf ages birth to three who reside in the State of Florida to facilitate the development of foundational listening and spoken language skills so that every child with hearing loss has the opportunity to learn, listen, and talk.

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

Activities and services that will be provided for eligible children will include hearing screenings, evaluations, auditory-verbal and LSLS therapy, parent-infant and toddler groups, and tele-therapy, as well as parent/professional training and mentoring about listening and spoken language development and technology such as cochlear implants and hearing aids.

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

Direct services will be provided by audiologists, hearing screeners SLP's and highly qualified Listening and Spoken Language Specialists to children with hearing loss ages birth to three in individual and small group listening and spoken language sessions, toddler groups, tele-therapy sessions, hearing screenings, evaluations, and parent/professional training and coaching sessions.

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

Up to 5,000 children who are deaf or hard of hearing ages birth to three whose families want an auditory oral approach to learning.

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

The program will provide families of infants and toddlers with hearing loss access to auditory oral intervention programs. Services will be offered throughout Florida, including rural and under-served areas, so that these children will have the opportunity to begin to learn listening and spoken language skills as soon as their hearing loss is identified. Formal evaluations will be used to document progress IFSP goals and progress in auditory, speech, and language development. Parent surveys will be used to evaluate the overall program. Key components of the program are the mentoring and training of professionals working with children with hearing loss as well as parent coaching so that the parents will become the primary facilitators of their child's auditory, speech, and language development.

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?

We anticipate meeting/exceeding all deliverables and performance measures provided in the contract.

15. Requester Contact Information					
a. First Name	Terri	Last Name	Fisk		
b. Organization	Florida Coalition for Spoken Language Options				
c. E-mail Address	tfisk@deafkidscan.org				
d. Phone Number	(706)941-2194	Ext.			
16. Recipient Contact Information					
a. Organization	Sertoma Speech & Hearing Foundation of Florida, Inc.				
b. Municipality and County Statewide					



17.

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□For Profit Entity					
☑Non Profit 501(c)(3)					
□Non Profit 501(c	:)(4)				
□Local Entity	□Local Entity				
□University or College					
□Other (please specify)					
d. First Name	Debra	Last Name	Golinski		
e. E-mail Address	debra@familyhearinghelp	.org			
Phone Number (727)312-3881					
Lobbyist Contact Information					
a. Name	Theresa Bulger				
b. Firm Name	Theresa Bulger				
c. E-mail Address	bulger12@yahoo.com				
d. Phone Number	(904)880-9063				