

Local

Other

### The Florida Senate **Local Funding Initiative Request Fiscal Year 2025-2026**

**LFIR # 1171** 

1. Project Title	Florida Association of Agencies	Serving the Blind		
2. Senate Sponsor	Joe Gruters			
3. Date of Request	2/12/2025			
4. Project/Program De	escription			
Curriculum (ECC) in agency and communacademic success a what public schools isolation often exper	erving the Blind, through local Blind struction for children ages 5-13 who nity sites statewide, seven days a and delivers essential real-life expetant offer. By bringing children from en ienced in school settings. Addition ical solutions to child-rearing challes.	no are blind or visually im week, including holidays. riences that prepare child tire counties together, the ally, the ECC includes a	paired. This year-rou The evidence-based Iren for future emplo program also addre critical parent compo	und program operates at d ECC ensures byment—going beyond esses the social benent, offering support,
5. State Agency to red State Agency conta		artment of Education		
6. Amount of the Noni	recurring Request for Fiscal Yea	r 2025-2026		
Type of Funding		Amo	ount	
Operating			1,700,000	
Fixed Capital Outlay	,		0	
<b>Total State Funds I</b>	Requested		1,700,000	
7. Total Project Cost f	or Fiscal Year 2025-2026 (includ	ing matching funds ava	ilable for this proj	ect)
Type of Funding		Amount	Percentage	
Total State Funds R	equested (from question #6)	1,700,000	94%	
Matching Funds				
Federal		0	0%	
Otata (accalication of the a	amount of this request)	0	0%	

8. Has this project previously received state funding? If yes, provide the most recent instance:

Total Project Costs for Fiscal Year 2025-2026

Yes

110,000

1,810,000

6%

0%

100%

Fiscal Year	Fiscal Year Amount		Specific	Vetoed
(yyyy-yy)	Recurring	Nonrecurring	Appropriation #	
2024-25	0	1,700,000	46	No

9. Is future-year funding likely to be requested?

Yes

a. If yes, indicate nonrecurring amount per year.

1,700,000

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.



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### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

a. What is the c	struction current phase of t	he project?			
Planning	O Design	Construction	O N/A		
b. Is the projec	t "shovel ready"	(i.e permitted)?			
c. What is the e	estimated start da	te of construction?			
d. What is the	estimated comple	tion date of constru	ction?		
e. What funding	g stream will be ເ	ised for ongoing ope	erations and main	ntenance of the pro	oject?
		o receive, directly or rs of the facility and		xed capital outlay	funding. Include the
		-	-		

#### 12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:	·	
Executive Director/Project Head Salary and Benefits	The Executive Director ensures financial stability for the agency, with a focus on advancing the organization's mission. The Executive Director will be responsible for overseeing programs, fundraising, and community engagement initiatives. Duties will also include contract management, invoicing and general oversight. Cost is inclusive of salary and benefits.	70,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	To support blind or visually impaired children effectively, funding will include the hiring, training, and retention of professional staff through local FAASB member agencies who specialize in providing tailored education and support services.	500,000
Expense/Equipment/Travel/Supplies/ Other	To ensure blind and visually impaired children can access education, develop life skills, and achieve independence, investments will be made in specialized equipment and supplies. These tools are tailored to their unique needs and enable them to learn, participate, and succeed on equal footing with their peers.	430,000
Consultants/Contracted Services/Study	For contracted services to local FAASB member agencies to provide targeted, personalized instruction to blind and visually impaired children.	700,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	1,700,000



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#### 13. Program Performance

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

The program ensures that blind and visually impaired children gain the technical and personal skills necessary to thrive academically and socially alongside their sighted peers. Additionally, children acquire blindness-specific social, academic and pre-vocational skills through the expertise and collaboration of a dedicated team of professionals tailored through local FAASB member agencies to the unique make-up of the children in the program.

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

Academic success skills--braille/magnifiers: safe travel skills w/white cane: social interaction: recreation/healthy living: cooking, hygiene, money/budgeting, time management, technology, experiential introduction to careers; self-advocacy, making choices, planning for adulthood; sensory skills (hearing, touch, taste, smell, balance). Individual & group classes, summer, school holidays, weekends.

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

The program provides targeted, personalized instruction to blind and visually impaired children at local FAASB member agency offices, in their homes, and at community sites to equip them with essential skills that address the unique challenges of blindness. The instruction focuses on helping children compensate for the effects of blindness on their academic achievement, social integration, and vocational goals.

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

Children ages 5-13 who are blind or visually impaired 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?

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 most deliverables or performance measures provided for in the contract?	
	for failing to meet deliverables or performance measures provided for in the contract?	
	Penalties for failure to meet deliverables (hours of service and number of children served) are allotted by reducin payments. In previous years, all deliverables have been met.	g
4.	. Is this project related to mitigation, response, or recovery from a natural disaster? No	
	a. If Yes, what phase best describes the project?	
	☐ Mitigation (reducing or eliminating potential loss of life or property)	
	□ Response (addressing the immediate and short-term effects of a natural disaster)	
	□ Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)	
	b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):	
5.	. Has the entity applied for or received federal assistance for this project?	
	☐ Yes, Applied	
	☐ Yes, Received	
	□ No	



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☐ No, but intends to	o apply				
a. If yes, provide th	e FEMA p	roject workshee	et ID#:		
b. Provide the total	project co	ost listed on the	e FEMA proj	ect worksheet:	
16. Has the entity app	lied for or	received state	assistance f	for this project (other tha	n this request)?
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends to	o apply				
a. If yes, specify the Commerce):	e program	and state ager	ncy (ex. Loca	al Government Emergenc	y Bridge Loan, Department of
17. Requester Contact	t Informati	on	1		
a. First Name	Lisa		Last Name	<b>L</b>	
b. Organization		ssociation of Age		g the Blind	
c. E-mail Address		beyhondvisionlo	1		
d. Phone Number	(727)412-	-2902	Ext.		
18. Recipient Contact	Informatio	on			
a. Organization	Florida As Blind	ssociation of Age	encies Servin	g the	
b. Municipality and	d County	Statewide			
c. Organization Ty	pe				
□For Profit Entity					
☑Non Profit 501(d	c)(3)				
□Non Profit 501(d	c)(4)				
□Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Lisa		Last Name	Howard	



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e. E-mail Address	Ihoward@beyhondvisionloss.org		
f. Phone Number	(727)412-2902	Ext.	
19. Lobbyist Contact I	nformation		
a. Name	Jeffrey B Sharkey		
b. Firm Name	Capitol Alliance Group		
c. E-mail Address	jeffreyshark@gmail.com		
d. Phone Number	(850)224-1660		

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.