



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1557

1. **Project Title** Florida Heiken Children's Vision Program LLC, a division of Miami Lighthouse

2. **Senate Sponsor** Ana Maria Rodriguez

3. **Date of Request** 2/19/2025

4. **Project/Program Description**

The objective of the Florida Heiken Children's Vision Program, a division of Miami Lighthouse for the Blind, is to provide comprehensive eye examinations with dilation and prescription eyeglasses, when required, for eligible children throughout the State of Florida to help them succeed academically and improve their overall quality of life. Services are provided at no cost to the families.

5. **State Agency to receive requested funds** Department of Health

State Agency contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

| Type of Funding | Amount |
|------------------------------------|------------------|
| Operating | 1,000,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 1,000,000 |

7. **Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

| Type of Funding | Amount | Percentage |
|--|------------------|-------------|
| Total State Funds Requested (from question #6) | 1,000,000 | 37% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 750,000 | 27% |
| Local | 1,000,000 | 36% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2025-2026 | 2,750,000 | 100% |

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

If yes, provide the most recent instance:

| Fiscal Year (YYYY-YY) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2024-25 | 750,000 | 500,000 | 455 | No |

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

a. **If yes, indicate nonrecurring amount per year.** 1,000,000

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

State funding is leveraged by \$1,000,000 primarily made up of grants and other fundraising activities such as events and requests for private donations. Major funders that support Heiken are The Children's Trust, Children's Services Council of Broward, Collier Community Foundation, Lions Club International Foundation, Batchelor Foundation, AD Henderson Foundation, and Dunspaugh Dalton Foundation, Baptist Health, and John T MacDonald Foundation.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. List 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.

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

| Spending Category | Description | Amount |
|--|--|------------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | Prorated portion of Executive salary and benefits | 10,000 |
| Other Salary and Benefits | Prorated portion of Administrative staff | 76,960 |
| Expense/Equipment/Travel/Supplies/Other | General Insurance, Audit Fees, General Office Supplies, Computers, etc. | 14,000 |
| Consultants/Contracted Services/Study | Prorated portion of facilities and public relations | 27,040 |
| Operational Costs | | |
| Salary and Benefits | 5.1 Full Time Equivalent plus benefits (20%) including Director of Heiken Program, Assistant Manager Optometric Technicians, Program Coordinators, and Data Entry Staff. | 325,000 |
| Expense/Equipment/Travel/Supplies/Other | Mobile Unit expenses and Vision Examination Supplies | 98,000 |
| Consultants/Contracted Services/Study | Optometrists and Contracted Opticians | 449,000 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 1,000,000 |

13. Program Performance

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



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The goal of the Florida Heiken Children's Vision Program is to assure that all financially disadvantaged schoolchildren have access to a comprehensive eye examination including dilation and glasses, if required, to ensure academic success. Following the Florida Statute which sets standards of care, the Program provides an eye examination with dilation so that underlying medical conditions can be diagnosed and appropriate medical referrals made. Prescription glasses are provided. These services are offered at no cost Statewide on-site at schools via our four mobile eye clinics.

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

In 2010, the Florida Heiken Children's Vision Program was registered with the State of Florida, expanding vision health services to low-income children Statewide. In 2023-2024, leveraging FDOH funding with other private funding, 18,020 low-income schoolchildren received a dilated exam and 11,991 received prescription glasses.

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

With current year Florida Department of Health funding our Florida Heiken Children's Vision Program will continue its eye wellness program Statewide and will provide 6,900 comprehensive diagnostic eye examinations and prescription eyeglasses to disadvantaged children at no cost to the child. Replacement glasses are provided under warranty for 6 months to all eligible students as well.

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

Our Florida Heiken Program serves the economically disadvantaged, at-risk youth, homeless, developmentally disabled, physically disabled, preschool students, grade school students and high school students.

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

Based on research funded by the Health Foundation of South Florida, 77% of the Florida Heiken Children's Vision Program participant's parents who responded reported academic improvement after their children received eyeglasses from our eye wellness program at their school. The Heiken Program has developed a Best Practices approach for the delivery of eye care to uninsured schoolchildren. 1,500 families were contacted in a 2020 market research survey to measure the impact of the Florida Heiken Children's Vision Program glasses on the child's education and the question was asked, "Did you find this program to be valuable?" and again 96% answered "Yes".

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 in the contract?

Contracting agency will not bill State for ineligible services provided. FDOH Monitoring has found no issues.

14. 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 infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. 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 apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

Yes, Applied

Yes, Received

No

No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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)



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d. First Name Last Name
e. E-mail Address
f. Phone Number Ext.

19. Lobbyist Contact Information

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

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