



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1572

- 1. Project Title**
- 2. Senate Sponsor**
- 3. Date of Request**

**4. Project/Program Description**

Funding is requested to provide specialized vocational services to persons in Florida who are blind with another significant disability. This population is considered the most significantly disabled and is a priority in the Strategic Plan of the Florida Division of Blind Services (DBS) . The funding will enable the agency to provide the level of service required by DBS to sustain the residential program, which is designed to help this population achieve independence through employment.

- 5. State Agency to receive requested funds**

**State Agency contacted?**  No

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

Type of Funding	Amount
Operating	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</b>

**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)	500,000	24%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	1,564,320	76%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>2,064,320</b>	<b>100%</b>

- 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	0	500,000	46	No

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

a. If yes, indicate nonrecurring amount per year.

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

NA

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



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**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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Program Salaries and Benefits	330,000
Expense/Equipment/Travel/Supplies/Other	Program Food and Insurance	170,000
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>500,000</b>

**13. Program Performance**

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

Funding is requested to provide specialized vocational services to persons in Florida who are blind with another significant disability. This population is considered the most significantly disabled and is a priority in the Strategic Plan of the Florida Division of Blind Services (DBS) . The funding will enable the agency to provide the level of service required by DBS to sustain the residential program, which is designed to help this population achieve independence through employment.

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



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Funds will be used to provide training for vocationally oriented blind individuals to enable them to prepare for, find and maintain employment. In addition, they are used to enable this population to live independently in the community by finding apartments and helping them through the process which often involves setting them up with section 8 housing or other programs within the community.

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

Training will be provided to multi-handicapped blind individuals of Florida. The goal of the training is the attainment of employment for this population. Thus, comprehensive specialized training is offered to students such as daily living skills, assistive technology and mobility training on an individual basis. Students live in a dormitory and engage in cultural and social activities in the evenings after day classes end. A cafeteria offers 3 meals per day and the facility consists of a 27,000 square foot building with nature trails, gardens and is located in the center of Daytona Beach on the city bus line. Students are training to travel independently using public transportation. Currently there are approximately 75 graduates living in Daytona Beach and working in the community and living in their own apartments.

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

Residents of Florida who are blind and have a significant additional disability are eligible for training in the residential program. The agency serves approximately 35-50 students per year in addition to providing support to the graduates within the community who number approximately 75.

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

Students who complete the program obtain employment as well as obtaining their own home or apartment within the community. The outcome is a financially stable individual who is no longer dependent of family for support. Students go through a thorough evaluation process which takes between 2-12 weeks. At the end of their evaluation, they enter a training programs specifically designed for them to meet their goals. Assessment tools are administered throughout the process to determine whether goals are being met. Reports are created monthly outlining goals achieved and shared with the individuals counselors.

**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?**

The Division of Blind Services which is under the Department of Education imposes penalties within its contract. These include penalties for not meeting the guidelines within the contract such as number of clients served or number of units of service provided.

**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
- No, but intends to apply



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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)

d. First Name  Last Name

e. E-mail Address



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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.*