



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1871

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

**4. Project/Program Description**

Auditory Oral Intervention for Children with Hearing Loss Program will provide hearing screenings and evaluations as well as listening and spoken language services to children birth to five with hearing loss, in multiple counties throughout the State of Florida including under served and rural areas.

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	1,750,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,750,000</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)	1,750,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,750,000</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	1,500,000	455	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.
- There is no source of financial support that can be used in lieu of state funding.

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

**10. Status of Construction**



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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	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.	60,000
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		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	The program will require early intervention faculty, OAE screeners, speech pathologists, and audiologists with to provide direct services to infants, toddlers, and their families. In addition, staff are needed to schedule sites, complete reports, and oversee the program.	651,715
Expense/Equipment/Travel/Supplies/Other	To provide services to children in rural areas, funding is required for providers to travel to perform services, have office space and utilities to complete paperwork, schedule sites, and oversee programs, and communicate with families and professionals, utilize printed materials, meet with families	104,053
Consultants/Contracted Services/Study	Consultants are required to compile and review outcome data. Contractors provide direct services at Clarke School for Hearing & Speech, University of Miami's Debbie School, and Gabriel Therapy Group for services in their areas. These services are necessary to serve children in all Counties	919,232
<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>1,750,000</b>

13. Program Performance



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

Activities and services performed by Sertoma in collaboration with contractors in q.14 will be provided for eligible children will include hearing screenings, hearing evaluations, speech therapy with LSL certified speech therapists, parent-infant and toddler groups, and teletherapy, as well as parent/professional training and mentoring about listening and spoken language.

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

Activities and services performed by Sertoma in collaboration with the contractors listed on pg. 3 that will be provided for eligible children will include hearing screenings, hearing evaluations, speech therapy with LSL certified speech therapists, 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 performed by Sertoma in collaboration with the contractors listed on pg. 3 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 8,000 children who are deaf or hard of hearing ages birth to five 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, performed by Sertoma in collaboration with the contractors listed on pg.3, will provide families of infants and toddlers with hearing loss access to auditory oral intervention programs. Services will be offered throughout the state of 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.

**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?**

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

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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



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- No
- 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.*