



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3075

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This program will prevent blindness by providing exemplary state-of-the-art eye care, free of charge, to those individuals in the State of Florida, who do not have health insurance and are at, or below, 200% of the federal poverty guidelines. Services provided by the Florida Lions Eye Clinic include comprehensive eye exams and medical and surgical treatment of eye diseases, of which diseases include, but are not limited to, retina, cataract, and glaucoma conditions, and if left untreated, can lead to blindness. This grant will help provide the means to increase the number of hours for paid doctors, Ophthalmic Assistants/Technicians, and professionals, which will increase the number of patients seen, and conditions treated at the clinic, depending upon the hours scheduled and equipment purchased. We provide specific in-house surgeries but, for those we cannot perform, we have partnerships with reduced cost that the clinic covers. We would like to reduce surgery backlog.

5. **State Agency to receive requested funds**

State Agency contacted?

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

Type of Funding	Amount
Operating	95,000
Fixed Capital Outlay	0
Total State Funds Requested	95,000

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)	95,000	13%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	655,000	87%
Total Project Costs for Fiscal Year 2025-2026	750,000	100%

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	115,000	3450	Yes

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

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

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

Private donations, fundraising events, grants.



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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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Part-time Ophthalmologist and Optometrist, full-time Ophthalmic Technicians, Patient Coordinator & Clinic Ops Manager - The Clinic will increase paid doctor and ophthalmic technician hours scheduled to stabilize the capacity of the clinic due to mostly reliant on volunteers. The Clinical Manager is responsible for oversight of the day-to-day functions of the Clinic and charged to increase patients visits. The Technicians prepare the patient to see the Doctors to include preliminary exams, taking	95,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		95,000

13. Program Performance

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



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The funds will help prevent blindness by providing free eye care to Florida residents, including comprehensive eye exams and medical and surgical treatment of eye diseases. This population served is often isolated from normal daily activities because of their lack of access to quality eye healthcare or are unable to afford it. Over time, they do not realize the degeneration of their eyesight that has occurred. This loss of sight can impact their performance as an employee, impede their personal enrichment, or negatively affect their academic performance. The Clinic provides quality eye care to patients and offers remedies and cures so that the patient can resume their lives with sight, with a reduced amount of anxiety, allowing them to continue to contribute as active and productive members of the community, regain their social interactions, and lessen their depression. The Clinic goal is to provide services to 3,000 patients in the coming year.

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

FLLEC will perform comprehensive eye exams and many procedures and surgeries in house, that were at one time referred out for services, at the expense of FLLEC. Examples of such services include but are not limited to procedures for Glaucoma and Pterygium. The Ophthalmic Technicians will perform a range of duties which includes preparing the patient to see the Ophthalmologists and Optometrists (preliminary exam, medical history, & testing), preparation of examination and treatment rooms, applying aseptic techniques, performing basic and routine vision screening examinations, administering eye medications, cleaning and maintaining ophthalmic instruments, and assisting physicians during minor surgical procedures. The Executive Director will perform outreach to educate the public on the services the Clinic provides to increase the number of patients served.

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

Florida residence, in need of eyecare, will be provided free comprehensive eye exams and medical and surgical treatment of eye diseases, of which diseases include, but are not limited to, retina, cataract, and glaucoma conditions, and if left untreated, can lead to blindness. With the part-time paid Ophthalmologists and volunteers, the Ophthalmic Technicians, and the Clinic Operations Manager on board, the Clinic anticipates the number of patients seen will be approximately 3,000 annually. In addition, with these professionals on staff, FLLEC will have the expertise to provide additional services that were otherwise sent out as referrals. Examples of such services include but are not limited to procedures for Glaucoma and Pterygium in-house surgeries.

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

The target population is Florida residents who do not have health insurance and are at, or below, 200% of the federal poverty guideline levels. We expect to serve 3,000 patients annually. Florida Lions Eye Clinic patients often have a more serious eye condition because of delayed eye care due to a lack of accessibility and or affordability. When patients arrive at the Clinic, most need medical eye care beyond that of an eyeglass prescription. Many are experiencing conditions that have progressed to a serious level and require advanced medical protocols. Patients are often in need of Glaucoma treatments, while others have a retina condition that requires eye injections. Since several of the Clinic's patients are employed in outdoor jobs, such as agriculture, landscaping, or construction, many of the patients need basic pterygium surgeries to restore eyesight and maintain employment which we perform in-house.

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

The outcome will be improvement in patient's conditions, continuous improvement in the quality of services provided, an increase in the number and types of procedures being performed, an increase in the number of patients referred out for service at no cost to the patient, and an increase in demographics of the patients being treated. The eye care services provided offers remedies to allow the patient to resume their lives prior to their vision loss. Those experiencing visual impairment may experience depression, feelings of anxiety, social withdrawal, isolation, and medication errors. This loss of sight can impact their performance as an employee, impede their personal enrichment, or negatively affect their academic performance. Their regained eyesight reduces anxiety, allows them to regain social interactions, and lessens depression, allowing them to continue to contribute as active and productive members of the community. FLLEC measures outcomes via monthly dashboards.

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?

Performance measures include the following: # of Patient Visits, # of Patient Referral Sources, number of patients in receipt of Ophthalmic Care, number of Eye Glass Vouchers Provided, number of Press Releases & Newsletters sent on a monthly basis. If stated performance goals are not met, penalties may include the reduction of the monthly allocation amount for each goal established under the contract.



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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

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



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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

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.