



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3187

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Lighthouse for Blindness & Vision Loss of Collier County (LOC) intends to serve thirty or more clients with blindness or vision loss, who want to maintain independence in their homes. We would utilize 2 full-time equivalent Certified Instructors and/or Assistive Technology Instructors to provide 1:1 instruction in their homes & in small group classes at the LOC offices to include: ADL's (Activities of Daily Living) and/or Assistive Technology training to enable clients to function independently in their homes.

Clients will be given on average 3 to 15 lessons on ADL's and/or Assistive Technology. Length of training depends on severity and speed of vision loss or blindness, and retention of skills in order to remain independent in their homes.

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	150,000
Fixed Capital Outlay	0
Total State Funds Requested	150,000

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)	150,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	150,000	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	0	150,000	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.



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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	2 full-time equivalent employees, to include: Certified Vision Rehabilitation Therapist (CVRT), or Teacher of the Visually Impaired (TVI), or Certified Orientation & Mobility Instructor (COMS), or Occupational Therapist with certificate in Low Vision or Rehabilitation, or Assistive Technology Instructor	150,000
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)		150,000

13. Program Performance

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

To provide training in clients' homes and in small group classes at LOC office to visually impaired citizens in Collier County with blindness or vision loss, who want to maintain independence in their homes and to provide a higher quality of life. Training to be provided in Activities of Daily Living and/or Assistive Technology.



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

Educational services in clients' homes and/or participation in small group classes at LOC offices to help them maintain their independence and to provide a higher quality of life.

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

Clients will be given an average of 3 to 15 lessons on Activities of Daily Living and/or Assistive Technology. Length of services depends on severity and speed of onset of vision loss or blindness, and retention of skills in order to remain independent in their homes.

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

Visually impaired and blind citizens of Collier County and surrounding areas, including but not limited to Naples, Immokalee, Marco Island and Ave Maria. LOC intends to serve 30-45 persons with the monies provided under this funding.

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

A Comprehensive Functional Assessment, which helps to determine goals, is completed with the therapist before lessons are started and after training is complete. Instructor will consider a goal met when a client can master said goal 3 out of 3 times. Overall program success will be based on a minimum of 85% of the participants meeting their individual goals.

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?

A month's payment may be forfeited for any month that the equivalent of a minimum of two (2) full-time equivalent Certified Instructors are not on staff providing the duties and functions necessary to meet the required outcome of the project.

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
- No
- No, but intends to apply

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



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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

f. Phone Number Ext.

19. Lobbyist Contact Information



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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.