



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1074

1. Project Title Lighthouse of Broward for the Blind & Visually Impaired - Vital Living for Seniors Program

2. Senate Sponsor Lauren Book

3. Date of Request 02/01/2023

#### 4. Project/Program Description

LHOB intends to increase services to seniors by 50%. In FY 2021-22, LHOB served 231 seniors vs. est. 177,000 seniors who need vision rehab services (2020 U.S. Census). As a result of failing eyesight, they are vulnerable to losing their independence to a senior residential facility. LHOB services will allow them to remain living independently and safely in their homes through instruction in the areas of Living Skills, Orientation & Mobility, and Assistive Technology. Services will include Vision Rehabilitation Therapy, Orientation & Mobility, Rehabilitation Counseling, Vocational Evaluation, Geriatric Case Management, Daily Skill Training, Adjustment to Blindness Counseling, Medication Management, Safe Travel Skills, Assistive Computer/Technology, Health and Wellness Education, Socialization, Education/Support, and Low Vision Comprehensive Eye Exams.

5. State Agency to receive requested funds Department of Elder Affairs

State Agency contacted? No

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

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

#### 7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	38%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	326,586	25%
Local	40,498	3%
Other	442,403	34%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,309,487</b>	<b>100%</b>

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

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

N/A



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

If yes, indicate the amount of funds received and what the funds were used for.

The Lighthouse of Broward was awarded \$308,100 in the first round of Paycheck Protection Program established by the CARES Act. The funds were applied for in order to offset salary costs and alleviate financial pressures associated with the community shutdown and subsequent decrease in philanthropic dollars. All staff were retained, as such the federal government forgave the repayment of the PPP loan because 100% of Lighthouse staff were retained.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction

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?

12. 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.

13. 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	President & CEO Benefits & Taxes - 20%	2,000
Other Salary and Benefits	Vice President of Strategic Initiatives & Development Director of Finance Vice President of Operations Network Specialist Driver, Maintenance Executive Assistant to the CEO Reception/Front desk Benefits & Taxes - 20%	3,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Assistive Technology (AT) & Rehab Instructors (2); Director of Technology; AT instructor; Case Manager; Adjustment to Blindness Counselor & Case Manager; Rehab Admin. Coordinators (2); Orientation and Mobility (O&M) Instructors (2); Activities of Daily Living (ADL) Instructor; ADL & O&M Instructor; Intake & Referral Specialist; Braille Instructor; VP Programs = Benefits & Taxes = 20%	490,000



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Expense/Equipment/Travel/Supplies/Other	Rehabilitative Aids for Clients; Transportation (pick up clients, field trips); Training & Educational Supplies; Dues, Conferences & Memberships; Equipment Maintenance/Rental/Purchase – machines and assistive technology in the classroom; Hardware/Software Upgrades; Insurance - Vehicle, professional and property; Occupancy: electric, water, alarm, supplies, maintenance; Community Awareness	5,000
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>

#### 14. Program Performance

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

LHOB intends to increase services to seniors by 50%. In FY 2021-22, LHOB served 231 seniors vs. est. 177,000 seniors who need vision rehab services (2020 U.S. Census). As a result of failing eyesight, they are vulnerable to losing their independence to a senior residential facility. LHOB services will allow them to remain living independently and safely in their homes through instruction in the areas of Living Skills, Orientation & Mobility, and Assistive Technology.

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

Services will include Vision Rehabilitation Therapy, Orientation & Mobility, Rehabilitation Counseling, Vocational Evaluation, Geriatric Case Management, Daily Skill Training, Adjustment to Blindness Counseling, Medication Management, Safe Travel Skills, Assistive Computer/Technology, Health and Wellness Education, Socialization, Education/Support, and Low Vision Comprehensive Eye Exams.

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

See question 14.b above. Direct services will include Vision Rehabilitation Therapy, Orientation & Mobility, Rehabilitation Counseling, Vocational Evaluation, Geriatric Case Management, Daily Skill Training, Adjustment to Blindness Counseling, Medication Management, Safe Travel Skills, Assistive Computer/Technology, Health and Wellness Education, Socialization, Education/Support, and Low Vision Eye Exams.

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

These funds will be used to serve approximately 250 older people who are either blind or have a significant visual impairment.

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

The following performance metrics will be used to assess the success of the program. Goal 1 = 100% of Seniors will remain independent; Goal 2 = 75% of clients completing the program or ongoing clients with the progress made can perform one or more daily living activities (safe indoor/outdoor travel, medication management, meal preparation, money identification/bill paying); Goal 3: 75% of clients improve communication skills demonstrated by proper use of assistive devices.

##### 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 the contract?

A pro-rata share of the funds to be returned to the agency based on the number of clients not served.

#### 15. Requester Contact Information

a. First Name  Last Name



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**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

#### 16. 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**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**