



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

- 1. **Title of Project:** Building Costs to Support Training for People Who are Blind and Visually Impaired in Pasco County
- 2. **Senate Sponsor:** Wilton Simpson
- 3. **Date of Submission:** 12/07/2017

4. **Project/Program Description:**

The Lighthouse requests an appropriation for \$1,500,000 (non-recurring) or any amount possible to help with building a new Lighthouse facility to provide vision rehabilitation services in Pasco County. The Lighthouse has been operating at 8610 Galen Wilson Blvd. in Port Richey for 20 years. This is a Pasco County government property. The Lighthouse lease has ended (Oct. 2016) and Lighthouse has been asked to re-locate as soon as possible to accommodate Pasco County government growth. Lighthouse looked for a suitable location, but was unable to find a location that would adequately accommodate the programs and services without substantial renovations and costs. Therefore, Lighthouse has secured a property to build a property and Pasco County Board of County Commissioners have approved a \$400,000 CDBG grant to help with the purchase of the land. However, the Lighthouse needs assistance with funding the building of the facility.

5. **State Agency Contacted?** No

- a. If yes, which state agency?
- b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Department of Education

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	1,500,000	1,500,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	400,000	13.3%
Other	1,100,000	36.7%
TOTAL	1,500,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 3,000,000



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### 9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1
- c. What is the most recent fiscal year the project was funded? 2017-18
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- e. Complete the following Worksheet.

FY:	<b>Input Prior FY Appropriation for this project for FY 2017-18</b>		
	A	B	C
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		1,500,000	1,500,000

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

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

The purpose of the facility which will be constructed with the funds requested, is to provide the vision rehabilitation training services needed by Pasco residents.

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

Programs for Independent Living Skills, Assistive Technology, Vocational Rehabilitation, and Employment will be provided at the new facility.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Site and facility development	1,500,000
TOTAL		1,500,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Independent living skills training will be provided directly to residents of Pasco County who are visually impaired and blind.

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

This building will serve thousands of Pasco County's visually impaired and blind residents of all ages for the next 50 years.

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

People who are visually impaired and blind will have the necessary skills to care for themselves, their families, and their homes; remain safely in their homes; engage in competitive employment, participate in vocational and educational programs, and participate in the community. The community will have a better understanding of the accommodations needed by people who are visually impaired and blind. Lighthouse uses a curriculum based on the Vision Rehabilitation Model/best practices in the field of Vision Rehabilitation for developing independent living, adaptive computer, and employment skills. Lighthouse employs experienced and certified Vision Rehabilitation Therapists and Orientation & Mobility Specialists. The Lighthouse uses an outcomes based evaluation method to determine client success.

**g. 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 Florida Division of Blind Services (DBS) contracts with the Lighthouse to provide client services. DBS monitors progress and penalizes its contractors by reducing funding if deliverables are not met.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

The facility will be owned by the Lighthouse.



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### 13. Requestor Contact Information:

- a. **Name:** Sylvia Perez
- b. **Organization:** Lighthouse for the Visually Impaired and Blind, Inc.
- c. **Email:** sperez@lvib.org
- d. **Phone Number:** (727)815-0303

### 14. Recipient Contact Information:

- a. **Organization:** Lighthouse for the Visually Impaired and Blind, Inc.
- b. **County:** Pasco
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. **Contact Name:** Sylvia Perez
- e. **E-mail Address:** sperez@lvib.org
- f. **Phone Number:** (727)815-0303

### 15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**