1. **Title of Project:** Florida Center for the Blind Expansion

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 02/08/2019

4. **Project/Program Description:**
   Construction of the facilities to support the expansion of two programs. The first is a school allowing for specialized instruction for students who are blind or visually impaired for ages preschool through 3rd grade with students being mainstreamed into public school system in 4th grade and separate after school/summer space for our youth ages 8-22. This will separate our youth from our adults. The second program includes a dorm providing temporary housing and instructional space allowing blind or visually impaired adults to participate in intensive job training and job placement.

5. **State Agency to receive requested funds:** Department of Education

   State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td></td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>3,000,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>3,000,000</strong></td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>3,000,000</td>
<td>50.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>250,000</td>
<td>4.17%</td>
</tr>
<tr>
<td>Other</td>
<td>2,750,000</td>
<td>45.83%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>6,000,000</strong></td>
<td>100.00%</td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

    | Spending Category | Description | Amount |
    |-------------------|-------------|--------|
    | Administrative Costs: |             |        |
### 11. Program Performance:

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

For the youth, the specific goal is for the student to be fully trained enabling them to be fully integrated into a public school system, maximizing their educational experience resulting in their eligibility and capability of attending college. For the adults, the specific goal is to allow them to develop the skills necessary to be successfully placed into long-term employment resulting in them being financially independent.

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

The youth will receive intensive training in compensatory skills (braille, assistive technology) to allow them to successfully access their educational information and to keep pace with their peers. For the adults, intensive training will be provided along with job placement to ensure successful transition into long-term employment.

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

We would provide intensive, specialized instruction for students who are blind or visually impaired with the intent to mainstream these students into public school system by 4th grade. This specialized instruction will include a fully integrated curriculum involving braille and assistive technology training with their regular academic instruction. The goal is to allow the students to be fully integrated into a regular classroom with the skills and equipment needed to allow them to keep pace with their peers and receive the full benefit of their educational experience. The other population to be served includes adults who are blind or visually impaired by providing specialized training with the goal of successfully placing them into a job. Many of our clients are unemployed, not because they want to be, but because they can not find a job opportunity due to their disability. We would work with local business to develop and open job opportunities.

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

Blind and visually impaired individuals 3-9 and ages 22 and older. We anticipate serving 80+ unique individuals a year once the programs are fully functional.
e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

   Improved quality of education: improve the skills needed to access educational information in regular, public education system by providing intensive, comprehensive, integrated training in braille, base knowledge and assistive technology. Students proficiency in adaptive skills will be measured for comprehension and accuracy. Final measurement will be successful reintegration into public school by 4th grade. Create immediate job opportunity to enhance the individual's success in financial independence; Development of job opportunities by working with local businesses and providing intensive pre-and on-the-job training. This will result in increased income by placing individuals into employment instead of being limited to disability income. Success to be measured by number of individuals successfully employed for a minimum of 90 days.

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?**

   None

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.**

   Florida Center for the Blind.

13. **Requestor Contact Information:**
   a. **Name:** Anna Pieriboni
   b. **Organization:** Florida Center for the Blind, Inc.
   c. **E-mail Address:** apiernobi@flblind.org
   d. **Phone Number:** (352)873-4700

14. **Recipient Contact Information:**
   a. **Organization:** Florida Center for the Blind, Inc.
   b. **County:** Marion
   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:** Anna Pieriboni
   e. **E-mail Address:** apiernobi@flblind.org
   f. **Phone Number:** (352)873-4700

15. **Lobbyist Contact Information**
a. Name: None
b. Firm Name: None
c. E-mail Address:
d. Phone Number: