1. **Title of Project:** FAAST Southwest Regional Demonstration Center

2. **Senate Sponsor:** Kathleen Passidomo

3. **Date of Submission:** 02/07/2019

4. **Project/Program Description:**
   This project will provide assistive technology (AT) services to Floridians with disabilities living in Lee, Hendry, Charlotte, and Collier counties. Funding will allow the state’s AT program, the Florida Alliance for Assistive Services and Technology, Inc., (FAAST) to open a Regional Demonstration Center (RDC) to serve this four-county area. FAAST will collaborate with an existing community disability organization in establishing the RDC. Services offered by the RDC will be AT device loans, demonstrations, and training to assist individuals with disabilities.

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

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>150,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>150,000</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>150,000</td>
<td>100.00%</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>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>150,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

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

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

   a. If yes, indicate non-recurring amount per year. $100,000

10. **Details on how the requested state funds will be expended**
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

Spending Category
Administrative Costs:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td>7,000</td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>12,000</td>
</tr>
<tr>
<td>Travel to the Southwest Florida RDC for technical assistance and indirect cost for opening Southwest Florida RDC.</td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
</tr>
</tbody>
</table>

Operational Costs:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>36,000</td>
</tr>
<tr>
<td>Purchase of core assistive technology devices for the Southwest Florida RDC and purchase of two dedicated communication devices for statewide device loan program.</td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>95,000</td>
</tr>
<tr>
<td>Base Contract to operate a Southwest Florida RDC and public awareness activities to inform the population of the opening.</td>
<td></td>
</tr>
</tbody>
</table>

Fixed Capital Construction/Major Renovation:

<table>
<thead>
<tr>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td></td>
</tr>
</tbody>
</table>

Total State Funds Requested (must equal total from question #6) 150,000

11. Program Performance:

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

   The direct services will be the same as existing services provided by other demonstration centers. FAAST shall provide assistive technology device loans to a minimum of 220 consumers per contract year. FAAST shall loan a minimum of 440 devices per contract year. FAAST shall provide assistive technology device demonstrations to a minimum of 150 per contract year. FAAST shall provide assistive technology training on AT Products and Services to a minimum of 1,300 individuals per contract period. FAAST shall provide information assistance activities to a minimum of 240 consumers, families, and other interested parties per contract period.

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

   Information and assistance, device loans, device demonstrations, and device training. Public awareness activities to inform the citizens of Lee, Hendry, Charlotte, and Collier counties of the services provided by the RDC.

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

   Information and assistance, device loans, device demonstrations, and device training.

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

   Floridians with disabilities of all ages. Floridians aging in the community.

e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
The outcome of the project is reducing the taxpayer burden by providing cost effective services to the disability and aging-in-community populations. Outcomes will be measured using the National Assistive Technology Act Data System. Performance measures will assess savings to taxpayers by reducing technology abandonment.

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?

Current contracts sanctions FAAST $3.68 for each underperformed deliverable described in 11a.

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.

N/A.

13. Requestor Contact Information:
   a. Name: Michael Daniels
   b. Organization: Florida Alliance for Assistive Services and Technology, Inc.
   c. E-mail Address: mdaniels@faastinc.org
   d. Phone Number: (850)487-3278 Ext. 102

14. Recipient Contact Information:
   a. Organization: Florida Alliance for Assistive Services and Technology, Inc.
   b. County: Charlotte, Collier, Hendry, Lee
   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: Michael Daniels
   e. E-mail Address: mdaniels@faastinc.org
   f. Phone Number: (850)487-3278 Ext. 102

15. Lobbyist Contact Information
   a. Name: Gene Adams
   b. Firm Name: Pennington
   c. E-mail Address: gene@penningtonlaw.com
   d. Phone Number: (850)222-3533