

LFIR # 1411

Project Title								
•	Blind Babies Program							
Senate Sponsor	Dennis Baxley							
Date of Request	10/15/2019							
Duning of /Dung groups								
Serving the Blind d/b/a ages birth - 5, to use a maximize child develop hearing their child's dia their children at the ag foster age-appropriate sharing solutions to ch	ram is a year-round service pr a Florida Agencies Serving the Il their senses (hearing, touch oment stages. These babies was agnosis but find the support the encies' facilities. Parents learr developmental growth. The paild-rearing challenges.	Blind. The , taste, smovill enter kin ey need front to apply program als	ese services pre ell, proprioception dergarten with om Early Interve parenting skills a	pare babies  /e) and wha  sighted pea  ention specific  and specific	s/toddlers atever rem ers, ready alists who supportiv	who are alining vito learn. come to enteract	blind or visually impaired sion they may have to Parents are devastated their homes and/or servitions with their child that	at ve
State Agency to r State Agency cont	receive requested fund acted? • Yes	БСР	artment of Ed	ducation				
	onrecurring Request fo		Voar 2020-2	2021				
Type of Funding		71 1 13Cai	Amour					
Operations	<u>,                                      </u>		5	500,000				
Fixed Capital Ou	tlay			000				
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Total State Fund	ds Requested			500,000				
	ds Requested t for Fiscal Year 2020-	2021 (in			nds ava	nilable	for this project)	
	t for Fiscal Year 2020-	2021 (in		ching fu	nds ava		for this project)	
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Total Project Cos  Type of Funding  Total State Funds  Matching Funds  Federal  State (excluding total)  Local  Other  Total Project Co  Has this project p  If yes, provide the	t for Fiscal Year 2020-203 s Requested (from questions) the amount of this requested (from questions) ests for Fiscal Year 202 previously received statemost recent instance:	est) 20-2021 ate fundi	Amour Amour  state of the state	00 00 00 00 00 00 00 00 00 00 00 00 00	Percei 100	0.0 % 0 % 0 % 0 % 0 % 0 %		
Total Project Cos  Type of Funding  Total State Funds  Matching Funds  Federal  State (excluding total)  Local  Other  Total Project Co  Has this project purchased to the control of the	t for Fiscal Year 2020-:  Requested (from quest the amount of this request extremely received start most recent instance:	est) 20-2021 ate fundi	Amour	00 00 00 00 00 00 00 00 00 00 00 00 00	Percei 100	0.0 % 0 % 0 % 0 % 0 % 0 %		

500,000

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits	For teams of Certified Professionals in Florida ASB member agencies.	500,000
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
Lighteening		
Total State Funds Re	equested (must equal total from question #6)	500,000



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

The Blind Babies program prepares blind or visually impaired babies, ages birth - 5, to use all their senses (hearing, touch, taste, smell, proprioceptive) and whatever remaining vision they may have to attain developmental milestones. Early Intervention specialists teach parents to apply specific supportive interactions with their child that foster developmental growth. The babies enter kindergarten ready to learn with sighted peers in the same classroom.

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

Professionals engage babies in evidence-based therapy that teaches the use of other senses to perform tasks. Toys that can be manipulated, that make sounds and/or light up; iPad games encourage babies/toddlers to reach, grasp, learn cause and effect, use any remaining vision. Babies develop age-appropriate milestones to sit up, crawl and walk, eat and dress at appropriate age level, understand the concepts of up/down/behind/in front of/under/over, across, etc. which are essential to future safe travel instruction, self-care skills, and educational success.

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

Instruction of visually impaired babies in the family home or at the agencies' facilities in specific skills to compensate for effects of blindness on reaching developmental milestones. Parent training in specific supportive interactions with their child that foster age appropriate development. Parent support groups. Instructors are licensed or certified Teachers of the Visually Impaired, Early Intervention Specialists, Low Vision Therapists, Orientation & Mobility Therapists, etc.

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

365 blind babies in the State of Florida and their parents/primary caregivers.

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

Age-appropriate developmental gains and acquisition of social and pre-vocational skills. Pre and Post-tests normed for blind babies are used to assess their progress in 8 primary skill areas: Cognitive, Language, Vision, Compensatory, Socialization, Self-Help and Fine and Gross Motor Skills.

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?

Penalties for failure to meet deliverables (hours of service and number of children served) are meted out by reducing payments. In previous years, all deliverables have been met.



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N/	/A				
Re	equestor Contact	t Information			
a.	First Name	Elly	Last Name DuPre		
b.	Organization	Florida Association of Agencies S	Serving the Blind		
c.	E-mail Address	E-mail Address edupre@beyondvisionloss.org			
d.	Phone Number	(305)898-2636	Ext.		
Re	ecipient Contact	Information			
a.	Organization	Florida Association of Agencies S	Serving the Blind		
b.	Municipality and	County Statewide			
c.	Organization Typ	pe			
	For-profit E	ntity			
	Non-Profit 5	•			
	O Non-Profit 5	501(c) (4)			
	Local Entity	•			
	O University of	or College			
	Other (plea)	se specify) Non Profit 501(c) (3)			
d.	First Name	Elly	Last Name DuPre		
e.	E-mail Address	edupre@beyondvisionloss.org			
	Phone Number				
Lo	obbyist Contact I	nformation			
a.	Name	Kim McDougal			
b.	Firm Name	Gray Robinson			
c.	E-mail Address	kim.mcdougal@gray-robinson.co	ym		
	Phone Number	(850)5779090	Ext.		