



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1024

1. Project Title 2. Senate Sponsor 3. Date of Request 

## 4. Project/Program Description

The Lighthouse of Collier intends to serve thirty or more clients with blindness or vision loss, who want to maintain independence in their homes. We would utilize a Certified Vision Rehabilitation Therapist (CVRT) or Teacher of the Visually Impaired (TVI) or OT with Low Vision Rehabilitation certification to provide 1:1 instruction in ADL's (Activities of Daily Living) to enable clients to function independently within their homes.

5. State Agency to receive requested funds State Agency contacted? 

## 6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	90,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>90,000</b>

## 7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	90,000	60%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	60,000	40%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>150,000</b>	<b>100%</b>

8. Has this project previously received state funding? 

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	85,000	53	No

9. Is future funding likely to be requested? a. If yes, indicate nonrecurring amount per year. 

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

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

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



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Payroll Protection Plan, \$75,000

#### 11. 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		0
Other Salary and Benefits	A Full-time Certified Vision Rehabilitation Therapist (CVRT) or Teacher of the Visually Impaired (TVI) or OT with Low Vision Rehabilitation certification	80,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Adaptive Visual Aides for clients and travel expense	10,000
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>90,000</b>

#### 12. Program Performance

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

To provide training in home for visually impaired citizens to remain independent in their homes. The majority of training would be in their home but may take place at our center if needed.

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

Educational services in client's homes to help maintain their independence. The majority of training would be in their home but may take place at our center if needed.

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

Clients will be given on average anywhere from 3 to 15 lessons on ADL's (Activities of Daily Living). Length of training depends on severity and speed of onset and ability to remain independent in their home.

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

Visually Impaired and Blind of Collier County. Approximately 25-45.

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

A Comprehensive Functional Assessment which helps to determine goals is completed with the therapist before lessons are started and after training is complete. Therapist will consider a goal met when a client can master said goal 3 out of 3 times. Overall program success is measured by at least 85% of the participants meeting their individual goals.

##### 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?

None



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13. 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.

N/A



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number