

Operations

**Fixed Capital Outlay** 

**Total State Funds Requested** 

# The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 1049

1,000,000

1,000,000

1.	. Project Title	Florida Heiken Children	's Vision Pro	gram		
2.	. Senate Sponsor	Ana Maria Rodriguez				
3.	. Date of Request	01/21/2021				
4.	. Project/Program De	scription				
	comprehensive eye e the State of Florida to	Florida Heiken Children's examinations with dilation on help them succeed acad dat no cost to the families	and prescript lemically and	ion eyeglasses, whe	en required, for eligi	
5.	. State Agency to rec	eive requested funds	Departmer	t of Health		
	State Agency contac	cted? Yes				
6.	Amount of the Nonre	ecurring Request for Fis	cal Year 202	1-2022		
	Type of Funding			Amo	unt	

#### 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)	1,000,000	57%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	768,000	43%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	1.768.000	100%

8. Has this project previously received state funding?

Yes

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2020-21	750,000	0	452	No

9. Is future funding likely to be requested?

Yes

a. If yes, indicate nonrecurring amount per year.

250,000

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

State funding is leveraged by \$768,000 primarily made up of grants and other fundraising activities such as events and requests for private donations. Major funders that support Heiken are Children's Trust, Batchelor Foundation, Thomas Foundation and JT McDonald Foundation.

<ol><li>Has the entity requesting this project received any federal assistance relate</li></ol>	ea to 1	o tne	COVIL	9-19	pandem	NIC ?
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Yes	
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#### If yes, indicate the amount of funds received and what the funds were used for.

Miami Lighthouse for the Blind applied for and received a PPP Loan to pay for payroll expenses not reimbursed by other funders. The amount used for the Florida Heiken Children's Vision Program was approximately \$8,000.

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

Spending Category	Description	Amount				
Administrative Costs:						
Executive Director/Project Head Salary and Benefits Prorated portion of Executive salary and benefits		13,000				
Other Salary and Benefits	Prorated portion of Administrative staff	76,960				
Expense/Equipment/Travel/Supplies/ Other	General Insurance, Audit Fees, General Office Supplies, Computers, etc.	14,000				
Consultants/Contracted Services/Study	Prorated portion of facilities	27,040				
Operational Costs: Other						
Salary and Benefits	4.9 Full Time Equivalents plus benefits (20%) including Manager of Heiken Program, Optometric Technicians, Program Coordinators, and Data Entry Staff.	300,000				
Expense/Equipment/Travel/Supplies/Other	Mobile Unit expenses, Vision Examination Supplies	98,000				
Consultants/Contracted Services/Study	Optometrists and Opticians	471,000				
Fixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (m	Total State Funds Requested (must equal total from question #6) 1,000,000					

#### 12. Program Performance

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

The goal of the Florida Heiken Children's Vision Program is to assure that all financially disadvantaged schoolchildren have access to a comprehensive eye examination including dilation and glasses, if required, to ensure academic success. Following the Florida Statute which sets standards of care, the Program provides an eye examination with dilation so that underlying medical conditions can be diagnosed and appropriate medical referrals made. Prescription glasses are provided. These services are offered at no cost Statewide either on-site at schools via our four mobile eye clinics or by our network of over 1,000 participating optometrists.

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

The Heiken Children's Vision Fund was created in 1992 by the Dade County Optometric Association, and merged with the Miami Lighthouse in 2007. In 2010, the Florida Heiken Children's Vision Program, LLC, a division of Miami Lighthouse for the Blind and Visually Impaired, Inc., was registered with the State of Florida, expanding vision health services to low-income children Statewide. The Heiken Program will provide a total of 12,250 eye exams Statewide in 2021-2022, leveraging Florida Department of Health funding. In the 2019-2020 school year, Heiken received 22,548 requests for services, but only had funding to provide services to 10,349 students, leaving over 12,000 students' needs unmet.

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

With current year Florida Department of Health funding, a 25% reduction from 2 years prior, our Florida Heiken Children's Vision Program will continue its eye wellness program Statewide and will provide nearly 5,000 comprehensive diagnostic eye examinations and prescription eyeglasses to disadvantaged children at no cost to the child. Restoring funding to \$1,000,000 is needed for the Florida Heiken Children's Vision Program to help mitigate the unmet need for Florida's disadvantaged schoolchildren. Replacement glasses are provided under warranty for 6 months to all eligible students as well.



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

Combined with leveraged funding, the Heiken Program in the 2019-2020 school year provided 10,349 low-income schoolchildren with a dilated exam; 5,986 of them received prescription glasses. In 2021-2022, with the requested \$1,000,000, Florida Heiken would be able to provide approximately 6,500 exams and glasses when prescribed to low-income Florida school children and with leveraged funding a total of 12,250 eye exams Statewide. Florida Heiken frequently receives letters and testimonials from grateful children and school personnel, documenting our program's impact on individual lives.

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

The Florida Heiken Childrens Vision Program has been audited for the past 10 years by the Florida Department of Health without any significant findings.

The 2019-2020 measures used are as follows: Results included Mobile visit Satisfaction Survey requested from every Site Coordinator, questions included:

- •Did you have any difficulty scheduling your school visit? No: 17/20 = 85% Were you satisfied with the overall scheduling process? Yes: 18/20 = 90%
- •Did the IVP team arrive at your school by the scheduled time? Yes: 16/20 = 80%
- Did the exams begin within one hour from arrival? Yes: 19/20 = 95%
- •Were the exams finished by the end of the school day? Yes: 20/20 = 100%•Were all the students in attendance able to be seen? Yes: 20/20 = 100%. Of the 1,500 families contacted in a 2020 market research survey: Have you noticed any improvements in how your child is doing with school? Yes 77% • Did you find this program to be valuable? Yes 96%
- 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?

Contracting agency	/ Will not bill	State for	ineligible services	s provided. F	·DOH Monitorin	g has found no	issues.
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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.	•	•		



## The Florida Senate Local Funding Initiative Request

### **Fiscal Year 2021-2022**

LFIR # 1049

14.	Requestor Contact	Information					
	a. First Name	Virginia	Last Name	Jacko			
	b. Organization	Florida Heiken Children's Vision Program					
	c. E-mail Address	vjacko@miamilighthouse.org					
	d. Phone Number	(305)856-4176	Ext.				
15.	Recipient Contact	Information					
	a. Organization	Florida Heiken Children's	Vision Progra	am			
	b. Municipality and	Statewide					
	c. Organization Ty	pe					
	□For Profit Entity						
	☑Non Profit 501(c	e)(3)					
	□Non Profit 501(d	3)(4)					
	□Local Entity						
	□University or Co	llege					
	□Other (please sp	pecify)					
	d. First Name	Virginia	Last Name	Jacko			
	e. E-mail Address	vjacko@miamilighthouse.	org				
	f. Phone Number	(305)856-4176					
16. Lobbyist Contact Information							
	a. Name	Michael I. Abrams					
	b. Firm Name	Ballard Partners					
	c. E-mail Address	mike@ballardfl.com					
	d. Phone Number	(305)456-8479					