

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

al Year 2022-2023 LFIR # 1098

1. Project Title	Maintaining Inde	pendence for th	e Blind			
2. Senate Sponsor	Kathleen Passido	omo				
3. Date of Request	10/13/2021					
4. Project/Program D	escription					
independence in the Teacher of the Visu (Activities of Daily L	eir homes. We would ally Impaired (TVI) o	d utilize a full-tim or OT with certifi nts to function in	ne equivalent, (cate in Low Vis	Certified Vi sion Rehab	sion Rehabilitation ilitation, to provide	who want to maintain Therapist (CVRT) or 1:1 instruction in ADL's t would fund the salary
5. State Agency to re	ceive requested fu	nds Depa	rtment of Educ	ation		
State Agency cont	acted? No	•				
otate Agency cont	acted: 110					
6. Amount of the Non	recurring Request	for Fiscal Year	2022-2023			
Type of Funding				Amo	unt	
Operations					90,000	
Fixed Capital Outla	У				0	
Total State Funds	Requested				90,000	
7. Total Project Cost Type of Funding	ior Fiscai Tear 202	2-2023 (Includi	Amoun		Percentage)
Total State Funds F	Requested (from que	estion #6)		90,000	60%	
Matching Funds						
Federal				0	0%	
State (excluding the	amount of this requ	uest)		0	0%	
Local				0	0%	
Other				60,000	40%	
Total Project Cost	s for Fiscal Year 20)22-2023		150,000	100%	
8. Has this project pr	eviously received	state funding?	Yes			
Fiscal Year	Amo	ount	Spec		Vetoed	
(уууу-уу)	Recurring	Nonrecurrin	g Appropri	iation #		
2021-22	0	90,	000	49	No	
9. Is future funding li	kely to be requeste	ed?	Yes			_
a. If yes, indicate r	90,000					
b. Describe the so	urce of funding tha	at can be used	in lieu of state	funding.		
Donations or grant	:s					
10. Has the entity rec		ct received any	federal assist	tance rela	ted to the COVID-	19 pandemic?
Yes						



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

Payroll Protection Program, to cover payroll and overhead expenses. 2020 PPP was \$75,540 and 2021 PPP was \$93,227.

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

Spending Category	Description	Amount
Administrative Costs:		
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 certificate in Low Vision Rehabilitation.	85,000
Expense/Equipment/Travel/Supplies/Other	Adaptive Aid Equipment to assist in independent living at home.	5,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	90,000

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 citizens of Collier County and surrounding areas. 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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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	Informati	ion					
	a. First Name	Scott		Last Name	Flagel			
	b. Organization	Lighthouse of Collier						
	c. E-mail Address	scott@lighthouseofcollier.org						
	d. Phone Number	(239)430-3934 Ext. 1004						
15.	15. Recipient Contact Information							
	a. Organization	Lighthouse of Collier						
	b. Municipality and County Collier							
	c. Organization Type							
	□For Profit Entity							
	☑Non Profit 501(c	c)(3)						
	□Non Profit 501(c	c)(4)						
	□Local Entity							
	□University or College							
	□Other (please specify)							
	d. First Name	Scott		Last Name	Flagel			
	e. E-mail Address							
	f. Phone Number	(239)430-3934						
16.	16. Lobbyist Contact Information							
	a. Name	None						
	b. Firm Name	None						
	c. E-mail Address	S						
	d. Phone Number	,						