

LFIR # 2631

1. Project Title	Florida Association of Agencies Serving The Blind
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2. Senate Sponsor Joe Gruters

3. Date of Request 11/09/2021

#### 4. Project/Program Description

Through 12 different Blind Service Lighthouses we offer Expanded Core Curriculum (ECC) instruction to children ages 5 - 12 who are blind or visually impaired. Our year-round program takes place at facilities and at community sites throughout the State on Saturdays, and summer months. We use the nationally recognized, evidence-based curriculum to secure academic success and the "real life experience" that is essential to future employ-ability. This ECC goes beyond what is available in public schools and also addresses the inherent social isolation in public schools by bringing the children from an entire county together in one place. An important piece of the ECC is geared towards parents and it offers support, advocacy and idea-driven solutions to child-rearing challenges that may come up.

#### 5. State Agency to receive requested funds

Department of Education

State Agency contacted? Yes

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

#### 7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	500,000	100%

#### 8. Has this project previously received state funding? Yes

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
021-22	500,000	400,000	49	No	

#### 9. Is future funding likely to be requested?

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Yes 500,000

a. If yes, indicate nonrecurring amount per year.

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

Local fundraising throughout the State, by Florida Association of Agencies Serving the Blind Lighthouses.

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



### Yes

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

From CARES Act, for Payroll Protection Program: \$5,600.

#### 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		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	For services to Blind Children by teams of Certified Professionals in Florida Association of Agencies Serving the Blind Lighthouses.	500,000
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)	500,000

#### 12. Program Performance

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

Blind and visually impaired children in this program attain the braille, technology and personal skills to keep pace academically and socially with their sighted peers in school. Specific blindness-related social, personal and pre-vocational skills are learned from a team of certified professionals./A is not considered a valid response.

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

1. Academic success skills including braille/magnifiers 2. Safe travel skills with a white cane; 3. Social Interaction; 4. Recreation/Health Living; 5. Cooking, hygiene, cleaning, money and budgeting, time mgmt; 6. Assistive Technology—screen readers/ magnification for computers; 7. Experiential introduction to various careers 8. Self-advocacy, making choices, planning for adulthood; 9. Sensory Efficiency skills (touch, hearing, smell, taste, balance). Individual and group classes, summer, school holidays, weekends.

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

Instruction of blind/visually impaired children at member agencies, their homes, and at community sites in specific skills to compensate for effects of blindness on academic achievement, social integration and making vocational goals; counseling of parents in rearing their blind children.

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

160+ blind or visually impaired children 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?



Academic achievement, acquisition of social and pre-vocational skills. Assessment through Pre- and Posttests normed for blind/visually impaired children in academic, independent living, technology and other skills in the 9 Expanded Core Curriculum skills (See b. above).

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?

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

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

d. Phone Number (850)224-1660

a. First Na	ime	Amy	Amy		Grissom		
b. Organiz	zation	Florida Association of Agencies Serving the Blind					
c. E-mail /	Address	agrissom@beyondvisionloss.org					
d. Phone	Number	(850)688-3693 <b>Ext.</b>					
15. Recipient	5. Recipient Contact Information						
a. Organiz	ation	Florida Association of Agencies Serving the Blind					
b. Municip	b. Municipality and County Statewide						
c. Organiz	c. Organization Type						
□For Pro	ofit Entity						
⊠Non Pr	☑Non Profit 501(c)(3)						
⊡Non Pr	□Non Profit 501(c)(4)						
□Local E	□Local Entity						
	□University or College						
□Other (please specify)							
d. First Na	ame	Amy		Last Name	Grissom		
e. E-mail /	Address	agrissom@beyondvisionloss.org					
f. Phone N	lumber	(850)688-3693					
16. Lobbyist Contact Information							
a. Name		Taylor Patrick Biehl					
b. Firm Na	ame	Capitol Alliance Group					
c. E-mail /	Address	tavlorbiehl@gmail.com					