

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Older Blind Services Program
2. Date of Submission: 10/23/2019
3. House Member Sponsor: Colleen Burton  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes  
***If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E***
- b. What is the most recent fiscal year the project was funded? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:	252,937		252,937	252,937	783,927	1,036,864

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? Yes
  - 5a. If yes, which state agency? Department of Education
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
  - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

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.

6. Requester:

- a. Name: Elly du Pre
- b. Organization: Florida Association of Agencies Serving the Blind d/b/a Florida Agencies Serving the Blind
- c. Email: edupre@beyondvisionloss.org
- d. Phone #: (305)898-2636

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Elly du Pre
- b. Organization: Florida Association of Agencies Serving the Blind d/b/a Florida Agencies Serving the Blind
- c. Email: edupre@beyondvisionloss.org
- d. Phone #: (305)898-2636

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Kim McDougal
- b. Firm: GrayRobinson
- c. Email: Kim.McDougal@gray-robinson.com
- d. Phone #: (850)577-9090

9. Organization or Name of entity receiving funds:

- a. Name: Florida Association of Agencies Serving the Blind d/b/a Flor
- b. County (County where funds are to be expended): Statewide
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College

Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The Older Blind Services program prepares blind or visually impaired persons, aged 55 and older, to remain independent in their own homes. Specific training is offered in safe travel skills indoors and outdoors (with a white cane), use of technology (computers, smart phones, electronic magnification devices, etc.), use of remaining vision (low vision), medication management, financial skills (use of credit cards, money identification, bill paying), safe kitchen skills, recreation skills and cou

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Division of Blind Services will contract with 17 nationally accredited member agencies of Florida Agencies Serving the Blind to provide services statewide using certified professionals who are paid salaries and benefits.	783,927
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		783,927

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Both the Division of Blind Services and individual provider agencies/FAASB members conduct annual surveys of the Parents of the babies served. The satisfaction rate is in the 90%-ile consistently, year over year.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Based on a 9-year longitudinal study by Duke University, Florida has 2,000,000 persons over the age of 65 who have one or more of the main causes of severe vision impairment. In October 2016, the American Academy of Ophthalmology approved a new standard of care—to refer all patients for vision rehabilitation at the earliest sign of a condition leading to severe vision loss. As ophthalmological practices ramp up to conform to the new standard, FAASB anticipates a dramatic increase in referrals.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

safe travel and fall prevention, medication mgmt, effective and efficient use of remaining vision with various aids, safe meal preparation, braille, keyboarding, use of telephone/smart phones, talking books, computers adapted with software to magnify or speak aloud what is on the screen, activities to maintain health and reduce social isolation; counseling and self-advocacy training for positively communicating with public about personal needs and abilities as a visually impaired person.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Seniors living with severe vision loss will receive training in their own homes and/or at the FAASB member agency's facility in the activities described above in 17a. Typically, about 36 hours of training, counseling and follow-up is provided over a period of 6 to 8 weeks.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Seniors will prepare healthful meals, take medication properly, use self-care and grooming techniques. They will keep their home free of any causes of slip and fall accidents, kitchen injuries, etc. They will travel safely indoors/outdoors, using judgement to use a guide or independent travel skills using a white cane.	Pre- and post-assessments. Case notes entered by certified or licensed Early Intervention professionals and Teachers of the Visually Impaired into Division of Blind Services AWARE data management system. Follow-up surveys with seniors.
<input checked="" type="checkbox"/> Improve mental health	Seniors will understand the nature of their vision loss and use self-advocacy techniques to help family and others to understand the vision loss. Seniors will feel empowered to ask for assistance when needed and proceed unassisted when able.	Pre- and post-assessments. Case notes entered by certified or licensed Early Intervention professionals and Teachers of the Visually Impaired into Division of Blind Services AWARE data management system. Follow-up surveys with seniors.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		

<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Seniors will use technology and/or low vision magnification devices to communicate with their banks or advisors, to maintain checkbooks and other financial records, and to use their funds wisely.	Pre- and post-assessments. Case notes entered by certified or licensed Early Intervention professionals and Teachers of the Visually Impaired into Division of Blind Services AWARE data management system. Follow-up surveys with seniors.
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		

<input type="checkbox"/> Other (Please describe):		
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19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	783,927	14.3%	N/A
2. Federal:	2,276,447	41.4%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	1,332,558	24.2%	No
5. Other:	1,103,369	20.1%	No
<b>TOTAL</b>	<b>5,496,301</b>	<b>100%</b>	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select “ongoing activity”.

ongoing activity – no total cost

<1M

1-3M

>3-10M

>10M