

# Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Vision Health Center at Lions Eye Institute for Transplant & Research

2. Date of Submission: 11/01/2019

3. House Member Sponsor: Jackie Toledo

Members Copied:

## 4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? No

***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?

c. Were the funds provided in the most recent fiscal year subsequently vetoed?

d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					250,000	250,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Health

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

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.

The funding would be put on hold until the deliverables and performance measures are met.

6. Requester:

- a. Name: JL Bielon
- b. Organization: Lions Eye Institute for Transplant and Research Foundation
- c. Email: JLBielon@lionseyeinstitute.org
- d. Phone #: (813)289-1200

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

- a. Name: JL Bielon
- b. Organization: Lions Eye Institute for Transplant and Research Foundation
- c. Email: JLBielon@lionseyeinstitute.org
- d. Phone #: (813)289-1200

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

- a. Name: Ana Cruz
- b. Firm: Ballard Partners
- c. Email: Ana@ballardpartners.com
- d. Phone #: (813)374-6007

9. Organization or Name of entity receiving funds:

- a. Name: Lions Eye Institute for Transplant and Research Foundation
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough, Manatee, Pasco, Pinellas, Polk

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 Lions Eye Institute for Transplant and Research is investing in a vision health center that will house a screening program that not only screens for visual disorders such as amblyopia and strabismus - diseases that have a chance of better visual outcome if diagnosed by age eight - but also a refraction screening that will determine if a child will benefit from glasses. In addition the program would offer a STEM-based educational opportunities, eye anatomy and health education with referrals.

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 checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	A teacher, and a creative coordinator to develop a lesson plan and creative health content that is age-appropriate, fulfills STEM requirements and will be designed for the knowledge to be retained by children long-term.	10,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Two part-time vision screeners who will work during the school year and travel to school media centers to conduct vision screening services. Vision screeners will also provide screenings to students during field trip programs held at Lions Eye	45,810

	Institute.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Vision screening certification for each screener (good for three years), level II background check, membership to Nat. Assoc. of School Nurses, SPOT autorefractors (4), BLINQ screeners (4), clinical and ocular supplies, travel.	179,115
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Replace carpet with laminate flooring, paint, update electrical, replace awning.	15,075
<b>TOTAL</b>		<b>250,000</b>

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:

Letter of endorsement from the Hillsborough County Superintendent of Schools, Jeff Eakins. Volunteer support from the Lions Clubs of Hillsborough and Pinellas Counties.

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

No

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?

The Vision Health Center at Lions Eye Institute will become a new learning destination for students. We will develop educational curricula to teach students about how eyes work and how to care for them. The curricula taught will be grade-level specific and aligned with the core competencies being taught in their science and health classes. They will also receive a tour of the Transplant and Research Labs. Students will receive free vision screenings performed by certified screeners. The next step

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

Vision screening services, eye anatomy 101, education on preventable blindness, STEM curriculum and at age-appropriate levels, information about jobs in the industry.

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	Can identify underlying ocular disease for referral for a comprehensive eye exam.	The number of referrals will be documented for each vision screening that takes place. We will identify if a referral is for corrective lenses, amblyopia, strabismus, or other ophthalmic condition. Total referrals will be tracked and segmented.
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Student attentiveness Student disruptiveness Student attitude	We will collect pre- and post- surveys from teachers involved in the

	Student performance Grade improvement	program and match them to see how the measures improved. Additionally, we will look at average grade improvement for children who received corrective lenses or other interventions related to their visual impairment.
<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 checked="" type="checkbox"/> Create specific immediate job opportunities	Create up to eight job opportunities.	Up to eight positions can be funded in this current model; one program manager and seven vision screeners, with the program manager also serving as a vision screener. All hiring processes will be managed and tracked by our Human Resources department.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Number of students who received visual impairment interventions who	We will use data from the school from the prior year to find out how many of the students who received glasses

	received a referral.	received a referral and we will compare it to one year after the intervention.
<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):		

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:	250,000	83.3%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	50,000	16.7%	Yes
<b>TOTAL</b>	<b>300,000</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