

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Blind Babies 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> | Additional Nonrecurring Request | TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i> |
| Input Amounts: | 2,438,004 | 400,000 | 2,838,004 | 2,438,004 | 500,000 | 2,938,004 |

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 Pré
- 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 Pré
- 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
- 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 Blind Babies program prepares blind or visually impaired babies, ages birth - 5, to use all their senses (hearing, touch, taste, smell, proprioceptive) and whatever remaining vision they may have to maximize child development stages. Early Intervention specialists teach parents to apply specific supportive interactions with their child that foster developmental growth. This request synchronizes with a request for FAASB's Children's Program where the babies transition at age five.

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 nationally accredited member agencies of Florida Agencies Serving the Blind to provide services statewide using certified professionals who are paid salaries and benefits. | 500,000 |
| <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 | | 500,000 |

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:

Perkins School for the Blind in Boston reported in 2005: “Sight is the sense through which the brain receives 75% of its information hence the need for all compensatory skills (that are) taught by Teachers of Visually Impaired, Certified Orientation Mobility Specialists, etc.” The Texas School for the Blind echoes this report, stating “motor, sensory and language development skills are all hampered by a lack of sight.” The Blind Babies program in Florida uses the professionals cited.

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?

Professionals engage babies in evidence-based therapy that teaches the use of other senses to perform tasks. Toys and iPad games encourage babies/toddlers to reach, grasp, learn cause and effect, use any remaining vision. Babies reach age-appropriate milestones to sit up, crawl, walk, eat, dress, understand concepts (up/down/behind/in front of/under/over, across, etc.) which are essential to future safe travel, self-care, and educational success.

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

Instruction of visually impaired babies in the family home or at the agencies' facilities in specific skills to compensate for effects of blindness on reaching developmental milestones. Parent training in specific supportive interactions with their child that foster age appropriate development. Parent support groups. Instructors are licensed or certified Teachers of the Visually Impaired, Early Intervention Specialists, Low Vision Therapists, Orientation & Mobility Therapists, etc.

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 | Babies and toddlers will move, sit up, crawl, walk, reach, play games and generally exercise. | 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 parents. |
| <input checked="" type="checkbox"/> Improve mental health | Babies and toddlers will build self-confidence, social skills, an understanding of how the world works (development of concepts needed to walk safely, climb stairs, reach across spaces safely) that will facilitate social and emotional readiness to attend school with sighted peers. | 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 parents. |
| <input type="checkbox"/> Enrich cultural experience | | |

| | | |
|---|---|---|
| <input type="checkbox"/> Improve agricultural production/promotion/education | | |
| <input checked="" type="checkbox"/> Improve quality of education | Babies and toddlers enter kindergarten at appropriate developmental levels so they can achieve academically with their sighted peers. | 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 parents. |
| <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 type="checkbox"/> Enhance specific individual's economic self sufficiency | | |
| <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): | | |

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: | 500,000 | 36.9% | 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: | 854,714 | 63.1% | No |
| 5. Other: | 0 | 0.0% | No |
| TOTAL | 1,354,714 | 100% | |

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