

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida's Vision Quest Expansion of Children's Vision Services
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Scott Plakon
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:	1,000,000		1,000,000	1,000,000	1,000,000	2,000,000

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? 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.
standard DOH contract provisions

6. Requester:

- a. Name: Kelly Haynes
- b. Organization: Florida's Vision Quest, Inc.
- c. Email: Kelly@FLVQ.ORG
- d. Phone #: (386)917-1001

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

- a. Name: Kelly Haynes
- b. Organization: Florida's Vision Quest, Inc.
- c. Email: Kelly@FLVQ.ORG
- d. Phone #: (386)917-1001

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

- a. Name: Dean Cannon
- b. Firm: Gray Robinson
- c. Email: Dean.Cannon@gray-robinson.com; Robert.Stuart@gray-robinson.c
- d. Phone #: (407)843-8880

9. Organization or Name of entity receiving funds:

- a. Name: Florida's Vision Quest, Inc.
- b. County (County where funds are to be expended): Volusia
- 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?

Serve more children, in more areas throughout the State, to meet FVQ's mission to provide no cost vision exams and eyeglasses to underprivileged children in need throughout Florida. Our existing contract through DOH which provides \$1,000,000 annually (fee-for-service) simply does not go as far as it once did and as a result, despite significant other public and private sector fund-raising performed each year by FVQ to supplement the DOH contract, thousands of children in need are going unserved

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 checked="" type="checkbox"/> b. Other Salary and Benefits	Maintain current fee-for-service DOH contract with 15% administrative costs.	150,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Maintain current fee-for-service DOH contract from Specific Appropriation 448 which allocates VisionQuest funds on a reimbursement basis to provide no cost comprehensive eye examinations and eyeglasses to	850,000

	financially disadvantaged school children who have no access to vision care.	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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:

Public and private grant/foundation funding annually. Letters of support from existing counties served by FVQ and from counties that could/would be served if

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:

In 2013, an independent academic institution (University of Minn) conducted a first of its kind randomized trial of the impact of providing eyeglasses on

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?

Expansion of FVQ's capabilities and reach to provide service in more places and to more children throughout the state. Qualified students are provided comprehensive vision exams including dilation and refraction, aboard FLVQ mobile vision clinics that travel to schools throughout the state.

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

In addition, in remote geographic locations, qualified students are referred to the office of local optometrists within the FLVQ network.

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	Addressing diagnosed vision issues with no cost vision exams and prescription eye glasses.	Tracking and reporting the number of new children referred and served with the additional funds
<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	Improving vision for children with diagnosed vision deficiencies has a direct, measured, improvement in performance at school, in social interactions, and in overall quality of life.	Continue to track educational performance of students treated and served with new non-recurring funds. Continue to report the number of referrals and vision services provided
<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 checked="" type="checkbox"/> Reduce recidivism	Research confirms when children in the Juvenile justice system received on-site optometric vision correction, recidivism (repeat offenders) reduced from 45 percent to just 1	Continue to track educational performance of students treated and served with new non-recurring funds. Continue to report the number of referrals and vision services provided.
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Researchers (Zaba, Snow) report that 7 out of 10 adjudicated youth have uncorrected refractive error. Visually impaired students cannot learn to read and later cannot read to learn.	Continue to track educational performance of students treated and served with new non-recurring funds. Continue to report the number of referrals and vision services provided.
<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:	1,000,000	40.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	1,000,000	40.0%	No
4. Local:	500,000	20.0%	Yes
5. Other:	0	0.0%	No
TOTAL	2,500,000	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