

# Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Florida Association of Agencies Serving the Blind, Children's Program
2. Date of Submission: 01/20/2016
3. House Member Sponsor(s): Ray Rodrigues

## 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***
- b. What is the most recent fiscal year the project was funded? 2015-16
- 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 (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
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 )	<b>INCREASED or NEW Recurring Requested</b>	<b>TOTAL Nonrecurring Requested</b>  (Nonrecurring is one time funding & must be re-requested every year)	<b>Total Funds Requested Over Base Funding</b>  (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	500,000	500,000	1,000,000	500,000	3,000,000	0	3,000,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:  
 Operating Expenses     Fixed Capital Construction     Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:  
 Operating Expenses     Fixed Capital Construction     Other one-time costs

5. Requester:

- a. Name: Thomas Griffin
- b. Organization: Fiorentino Group
- c. Email: TGriffin@TheFiorentinoGroup.com
- d. Phone #: (561)891-7122

6. Organization or Name of Entity Receiving Funds:

- a. Name: Florida Association of Agenices 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

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

Currently there is funding for individuals ranging from infancy to 6 years old, as well as from 14 years old to adulthood and beyond. Until last session, there was no funding for children ages 6 to 13, which is a detrimental gap from a developmental perspective. As a result of state funding received last year, FAASB agencies are now working with DBS to begin providing services to these elementary and middle school students. The support services from FAASB agencies provide vital supplemental skills to the assistance children receive in the school system. The services provided through this children's program will not only help them in educational and social settings, but will also teach them basic life skills that will help them grow into independent adults. The requested funding will go towards Braille training, listening skills, handwriting skills, abacus training, travel skills, and assistive technology skills. This funding would also allow for 6,800 program hours during the school year and 8,800 flexible hours during the summer months. There are 14 FAASB agencies across the state of FL. Each FAASB agency boasts a 1 to 5 staff-to-student ratio. The current contract for the children's program allows for an operating cost of no greater than \$6,250 per client. DBS has a current statewide load of 926 blind and visually impaired children. This will provide funding sufficient to support services for approximately a third of this number, specifically, 340 children across FL.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 500,000 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

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

Yes