

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Auditory-Oral Early Intervention Program For Children With Hearing Loss

2. Date of Submission: 01/27/2017

3. House Member Sponsor: W. Cummings

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

b. What is the most recent fiscal year the project was funded? 2016-17

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 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)		
	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 Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:		400,000	400,000		500,000	500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Health

6. Requester:

- a. Name: Terri Fiske
- b. Organization: Florida Coalition for Spoken Language Options
- c. Email: deafkidsan@gmail.com
- d. Phone #: (706)941-2194

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Theresa Bulger
- b. Organization: FCSLO/Sertoma Speech & Hearing Foundation of Fla., Inc./Clarke Fla./UM Debbie School
- c. Email: tb@deafkidsan.org
- d. Phone #: (850)792-4427

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Theresa Bulger
- b. Firm: Fla Coalition for Spoken Language Options
- c. Email: tb@deafkidsan.org
- d. Phone #: (904)880-9063

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: FDOH Bureau of Chronic Disease Prevention
- 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?

To provide infants and toddlers with hearing loss birth through two years of age throughout the state of Florida with the opportunity to access listening and spoken language intervention services. Children will be served through highly specialized intense direct early intervention services in community and center-based facilities, which provide an auditory-oral approach to listening and spoken language development. Services will include parent-infant toddler groups, tele-therapy, parent education

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Project Head will oversee grant activities across Florida with collaborative partners. A significant portion of this individual time will be assigned to this project. A commensurate portion of this person's salary will be assigned to this project.	7,500
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Staff is also required to compile data, coordinate services for families, schedule appointments, assist with enrollment and complete monthly and yearly reports.	5,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Supplies required include printing costs, paper goods. Printing materials for families and monthly regional workshops for parents and	2,500

	professionals is required. In addition, travel among grant sites in North Florida, Central Florida, the Panhandle and the West coast of Florida.	
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Consultants and contracted staff are required to develop parent satisfaction surveys, compile findings and review outcomes data.	2,500
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	This project is dependent on early intervention faculty and therapists including speech-language pathologists, teachers of the deaf and audiologists with listening and spoken language expertise to provide direct services to infants and toddlers and their families.	451,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	To provide services to children in rural areas, there must be money for providers to travel quarterly to do face to face visits with families and	31,500
<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, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

N/A

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:

Letters of support will be provided from Florida parent and professional organizations that support auditory-oral intervention for infants and toddlers. The Florida Coalition comprises nine such organizations. Parents, professionals, and community members have demonstrated their support at county delegation meetings, personal visits and testimony at legislative hearings, and have written hundreds of letters of support.

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. Describe the target population to be served. 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
- ☐ Other (Please describe)

17b. 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 all 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	Project will measure outcomes for a minimum of 500 children: Age appropriate speech and language development. Hearing levels to determine access to sound. Developmental levels including cognition, social-emotional, gross and fine motor skills.	Formal standardized testing will be used to track children's speech, vocabulary, and developmental skills every 6 months. This is to ensure that the appropriate rate of progress is made to catch up and keep up with their hearing peers. Example tests: REEL, PLS, CELF, ROWPVT, EOWPVT & E-LAP.
<input type="checkbox"/> Improve mental health		
<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 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 checked="" type="checkbox"/> Other (Please describe): Early Intervention outcomes for children with hearing loss	To improve early intervention outcomes for children with hearing loss in the areas of listening, language, vocabulary, fine motor, gross motor and social interaction.	Formal evaluations will be conducted to help track a child's overall development to ensure that they have the skills to compete with their typically hearing peers.

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	500,000	28.4%	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:	1,260,000	71.6%	Yes
TOTAL	1,760,000	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 2017-18 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
- ☐ 1-2M
- ☐ >2-3M
- ☒ >3-10M
- ☐ >10M