

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Hearing Loss Association - Lakeland Chapter: Lakeland Hearing Wellness Expo

2. Date of Submission: 08/01/2017

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? 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 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (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:					6,000	6,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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.

N/A

6. Requester:

- a. Name: Elaine Goddard
- b. Organization: Hearing Loss Association - Lakeland Chapter
- c. Email: hla-lakeland@hotmail.com
- d. Phone #: (954)612-6383

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

- a. Name: Elaine Goddard
- b. Organization: Hearing Loss Association - Lakeland Chapter
- c. Email: hla-lakeland@hotmail.com
- d. Phone #: (954)612-6383

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Hearing Loss Association - Lakeland Chapter
- b. County (County where funds are to be expended): Polk
- c. Service Area (Counties being served by the service(s) provided with funding): 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?

To coordinate and administer the Hearing Wellness Expo. The funds will help defray the cost of the Expo, including facilities, promotion, brochures & flyers.

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 checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Flyers, Brochures, printing, media promotion	3,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Video photography, facilities	1,500
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Tables & chairs, t-shirts, tote bags	500
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Website, food vendors, cleanup/misc	1,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		6,000

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)

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:

This will be the 4th annual Hearing Wellness Expo. Support has been reflected in surveys number of Exhibitors who have signed up and community visitors. Additionally, we have received a grant from Harper Family Charitable Foundation in 2016 in support of the Chapter. Other previous donations were in kind from neighboring chapters.

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:

According to the Florida Coordinating Council for the Deaf and Hard of Hearing, a 2011 Report indicates that Polk County has a population of 96,335 people with hearing loss. According to the National Institute of Deafness and Other Communication Disorders (NIDCD), 15% of American adults aged 18 and over report some trouble hearing.

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?

Testing by audiologist, hearing aid specialist or hearing instrument specialist; Observations & testing by hearing professionals & medical doctors.

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

Testing by Audiologist, Hearing Aid Specialist or Hearing Instrument Specialist; Observations & testing by hearing professionals & medical doctors.

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	Better hearing and communication	Testing by audiologist, hearing aid specialist or hearing instrument specialist.

<input checked="" type="checkbox"/> Improve mental health	Studies have shown that unmanaged hearing loss can lead to dementia and poor mental health	Observations and testing by hearing professionals and medical doctors.
<input checked="" type="checkbox"/> Enrich cultural experience	Hearing loss knows no bounds and better management of hearing loss avoids social isolation and improves cultural diversity.	This is an observed measurement. Results and experiences will be promoted in brochures and communications.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	The Exhibitors will demo and offer many products and services to help those with hearing loss. This will provide much education. People will acquire an ability to advance due to improved skills.	Measurement can be done by increased chapter membership, increased Expo attendance, requests for brochures/pamphlets, etc.
<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 checked="" type="checkbox"/> Increase or improve economic activity	Improvement of hearing can enable people to maintain, secure or advance in their employment. It will enable potential clients to acquire & utilize hearing technology at reasonable rates.	Vocational rehabilitation reports, networking and educating through familiarization
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		

<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Managed hearing loss will improve social engagement which will boost ability/desire to advance oneself and avoid dependence	Social Services reports
<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 2018-19 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:	6,000	100.0%	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:	0	0.0%	No
TOTAL	6,000	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 2018-19 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