

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Heiken Children's Vision Program
2. Date of Submission: 11/10/2017
3. House Member Sponsor: David Richardson  
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? 2017-18
- 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 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:	750,000	250,000	1,000,000	750,000	250,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? Yes
  - 5a. If yes, which state agency? Department of Health
  - 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.  
Contracting agency will not bill State for ineligible services provided. FDOH Monitoring has found no issues.

6. Requester:

- a. Name: Virginia A. Jacko
- b. Organization: Florida Heiken Children's Vision Program
- c. Email: vjacko@miamilighthouse.org
- d. Phone #: (786)362-7505

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

- a. Name: Virginia A. Jacko
- b. Organization: Florida Heiken Children's Vision Program
- c. Email: vjacko@miamilighthouse.org
- d. Phone #: (786)362-7505

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

- a. Name: Jose Diaz
- b. Firm: Robert M Levy & Associates
- c. Email: jdiazj@aol.com
- d. Phone #: (850)681-0254

9. Organization or Name of entity receiving funds:

- a. Name: Miami Lighthouse for the Blind
- b. County (County where funds are to be expended): Miami-Dade
- 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 goal of the Florida Heiken Children's Vision Program is to assure that all financially disadvantaged schoolchildren who fail their vision screening have access to a comprehensive eye examination including dilation and glasses, if required, to ensure academic success. Following the Florida Statute which sets standards of care, the Program provides an eye examination with dilation so that underlying medical conditions can be diagnosed and appropriate medical referrals made.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Prorated portion of executive staff and benefits	3,079
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Prorated portion of administrative staff	18,914
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Prorated portion of travel and supplies	3,507
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Prorated portion of facilities	6,375
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Prorated portion of Salaries	73,125
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Prorated portion of travel and supplies	25,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Mainly optometrists and opticians	120,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		250,000
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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:

Letters of support and cooperative agreements from school districts across the State of Florida can be provided. In addition In addition, we frequently receive letters and testimonials from grateful children and school personnel, documenting our program's impact on individual lives. The Florida Optometric Association backs the program as well.

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:

Based on research funded by the Health Foundation of South Florida, 74% of the Florida Heiken Children's Vision Program participant's parents who responded reported academic improvement after their children received eyeglasses from our eye wellness program at their school. The Heiken Program has developed a Best Practices approach for the delivery of eye care to uninsured schoolchildren over the past 24 years as documented in Optometry: Journal of the American Optometric Association.

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?

he Heiken Children?s Vision Fund was created in 1992 by the Dade County Optometric Association, and merged with the Miami Lighthouse in 2007. In 2010, the Florida Heiken Children?s Vision Program, LLC, a division of Miami Lighthouse for the Blind and Visually Impaired, Inc., was registered with the State of Florida, expanding vision health services to low-income children statewide. The Heiken Program will provide a total of over 10,000 eye exams Statewide leveraging FDOH funding.

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

During the 2018-2019 school year with Florida Department of Health funding, our Florida Heiken Children's Vision Program will continue its eye wellness program statewide and will provide 5,256 comprehensive diagnostic eye examinations to disadvantaged children. Eye examinations conducted are performed on one of our four mobile eye care units at a scheduled site or by one of our network of more than 1,200 community optometrists.

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 type="checkbox"/> Improve physical health		
<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): Improve Eye Health in Students Across the State	The 2016-2017 measures used are as follows: Results included Mobile visit Satisfaction Survey requested from every Site Coordinator, questions included: Did you have any difficulty scheduling your school visit? No: 60/61 = 98% ? Were you satisfied with the overall scheduling process? Yes: 59/61 = 97% Did the IVP team arrive at your school by the scheduled time? Yes: 56/61 = 92% Did the exams begin within one hour from arrival? Yes: 61/61 = 100%	The Florida Heiken Childrens Vision Program has been audited for the past 8 years by the Florida Department of Health without any significant findings.

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:	250,000	15.5%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	750,000	46.4%	Yes

4. Local:	615,702	38.1%	Yes
5. Other:	0	0.0%	No
TOTAL	1,615,702	100%	

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

No