

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Auditory Oral Early Intervention Project for Children with Hearing Loss Ages Birth Through Two
2. Date of Submission: 10/30/2017
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, 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:		500,000	500,000		875,000	875,000

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.  
We anticipate meeting/exceeding all deliverables and performance measures provided in the contract.

6. Requester:

- a. Name: Terri Fisk
- b. Organization: Florida Coalition for Spoken Language Options
- c. Email: tfisk@deafkidscan.org
- d. Phone #: (706)941-2194

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

- a. Name: Theresa Bulger
- b. Organization: Florida Coalition for Spoken Language Options
- c. Email: Bulger12@yahoo.com/tb@deafkidscan.org
- d. Phone #: (904)880-9063

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

- a. Name: Theresa Bulger
- b. Firm: Florida Coalition for Spoken Language Options
- c. Email: Bulger12@yahoo.com/tb@deafkidscan.org
- d. Phone #: (904)880-9063

9. Organization or Name of entity receiving funds:

- a. Name: Sertoma Speech & Hearing Foundation of Florida, Inc.
- b. County (County where funds are to be expended): Pasco
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Brevard, Broward, Citrus, Clay, Columbia, Duval, Escambia, Hamilton, Hernando, Miami-Dade, Monroe, Palm Beach

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 program is to expand access to audiology services and screenings in rural and underserved areas, and to provide local access to high-quality auditory-oral early intervention services for children who are deaf ages birth to three who reside in the State of Florida to facilitate the development of foundational listening and spoken language skills so that every child with hearing loss has the opportunity to learn to listen and talk

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	Project Head will oversee grant activities throughout Florida with collaborative partners as well as provide direct services. A significant portion of this individual's time and a com	20,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Staff will compile data, coordinate services for families, schedule appointments, assist with enrollment, and reports.	10,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Supplies required include office supplies, workshop materials, and printing supplies as well as travel among grant sites throughout Florida.	5,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Consultants and contracted staff are required to compile and review outcome data.	5,000
Operational Costs:		

<input checked="" type="checkbox"/> e. Salaries and Benefits	The program will require 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, toddlers, and their families.	815,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	To provide services to children in rural areas, funding is required for providers to travel to meet with families and other providers who are working with the families. In addition, natural environment services require providers to travel to meet the needs of families to provide services. Supplies required include early intervention, therapy, and hearing screening materials.	20,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>875,000</b>

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 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. What are the activities and services that will be provided to meet the purpose of the funds?

Activities and services that will be provided for eligible children will include hearing screenings, evaluations, auditory-verbal and LSLS therapy, parent-infant and toddler groups, and tele-therapy, as well as parent/professional training and mentoring about listening and spoken language development and technology such as cochlear implants and hearing aids.

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

Direct services will be provided by audiologists, OAE screeners, SLP?s and highly qualified Listening and Spoken Language Specialists to children with hearing loss ages birth to three in individual and small group listening and spoken language sessions, toddler groups, tele-therapy sessions, hearing screenings, evaluations, and parent/professional training and coaching sessions.

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): Infants and toddlers with sensorineural hearing loss ages birth through two using an auditory-oral i

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	Project will measure outcomes for a minimum of 900 children in the following areas: 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 type="checkbox"/> Other (Please describe):		
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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:	875,000	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
<b>TOTAL</b>	<b>875,000</b>	<b>100%</b>	

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