

**The Florida House of Representatives**  
**Appropriations Project Request - Fiscal Year 2022-23**  
For projects meeting the definition of House Rule 5.14

1. Title of Project: Florida Alliance for Assistive Services and Technology
2. Date of Submission: 09/24/2021
3. House Member Sponsor: Michelle Salzman

**4. Details of Amount Requested:**

- a. Has funding been provided in a previous state budget for this activity? No
- 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 2021-22 <i>(If appropriated in 2021-22 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2022-23 <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	Recurring Base Budget	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>
Input Amounts:					305,585	305,585

- e. Provide the total cost of the project for FY 2022-23 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	305,585	100.0%	N/A
2. Federal	0	0.0%	Yes
3. State (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	Yes
4. Local	0	0.0%	No

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5. Other	0	0.0%	No
<b>TOTAL</b>	<b>305,585</b>	<b>100%</b>	

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

Yes

a. How much state funding would be requested after 2022-23 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

b. 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

c. 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

6. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Education

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

b. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

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Current contract with Department of Education, Division of Vocational Rehabilitation #21-101 includes financial consequences for not meeting deliverables and performance measures.

7. Requester:

- a. Name: Whitney Doyle
- b. Organization: Florida Alliance for Assistive Services and Technology, Inc.
- c. Email: wdoyle@faastinc.org
- d. Phone #: (850)487-3278

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

- a. Name: Whitney Doyle
- b. Organization: Florida Alliance for Assistive Services and Technology, Inc.
- c. Email: wdoyle@faastinc.org
- d. Phone #: (850)487-3278

9. Registered lobbyist working to secure funding for this project.

- a. Name: Whitney Doyle
- b. Firm: None
- c. Email: wdoyle@faastinc.org
- d. Phone #: (850)487-3278

10. Organization or Name of entity receiving funds:

- a. Name: Florida Alliance for Assistive Services and Technology, Inc.
- b. County (County where funds are to be expended): Statewide
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

11. What type of organization is the entity that will receive the funds?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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12. What is the specific purpose or goal that will be achieved by the funds being requested?

This funding will be used to increase the number of assistive technology services provided to individuals who have disabilities provided through FFAST's Regional ReUse Center and Regional Demonstration Center programs.

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

Spending Category	Description	Amount Requested (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 type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Purchasing new assistive technology devices and equipment	55,585
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	\$50,000 for Regional Reuse Centers; \$200,000 for Regional Demonstration Centers	250,000
Fixed Capital Construction/Major Renovation:		

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<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>305,585</b>

14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?
- For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Government (e.g., police, fire or local government buildings, local roads, etc.)
  - State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
  - Other (Please describe)
15. Is the project request an information technology project?  
No
16. 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?  
No
17. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?  
No
18. Will the requested funds be used directly for services to citizens?  
Yes
- a. What are the activities and services that will be provided to meet the purpose of the funds?  
FAAST will double the number of reutilization services provided by Regional Reuse Centers, purchase new assistive technology devices for our short-term loan program, and increase the assistive technology services provided through Regional Demonstration Centers.
  - b. Describe the direct services to be provided to the citizens by the funding requested.  
All assistive technology services described in the federal Assistive Technology Act: assistive technology device demonstrations, device short-term loans, public awareness activities (information and assistance and device training), and device reutilization.

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c. 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): FFAST services all people who have disabilities from birth to death

d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

19. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

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Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome
<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		

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<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 access to and acquisition of assistive technology	Survey questions used to address performance measures: primary purpose for which demonstrated assistive technology is needed and decision making outcome; primary purpose of short-term loan and decision making outcomes; reason for accessing loaned assistive technology; and primary purpose for which assistive technology is needed and reason for using the reuse program.	Performance Measures collected and reported in National Assistive Technology Act Data System's Annual Progress Report