



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2435

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

Tiny Talkers Initiative:
 Expansion of our Tiny Talkers Preschool Screening Initiative aims to provide an additional 600 Duval County 2 - 5 year old's, located at 30 more preschools, with diagnostic screenings, evaluations and treatments (as needed) of speech/language disorders including: oral motor speech disorder, receptive and expressive language disorder, stuttering/disfluency, and apraxia. Our early intervention speech-language initiative leverages community partnerships with preschools, which allow us to utilize their space so we can serve the children in the place that's most convenient for them and their caregivers. The top reasons provided by underserved populations for not seeking needed healthcare services are lack of time, transportation concerns, lack of insurance or insurance coverage, and high healthcare costs. Our Tiny Talkers Program addresses all of these concerns.

5. State Agency to receive requested funds
- State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	350,000
Fixed Capital Outlay	0
Total State Funds Requested	350,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	350,000	47%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	387,610	53%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	737,610	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	175,000	76	No

9. Is future funding likely to be requested?
- a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

We currently receive the City of Jacksonville, Kid's Hope Alliance grant funding for \$387,610. The requested funds will help to expand our program that is in high demand.



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

We received 2 Payroll Protection Plan Loans:
 1) \$172,300 (04/27/2020) Forgiven (01/31/2021)
 2) \$191,703 (02/05/2021) Forgiven (09/14/2021)
 The funds were used for payroll on both occasions.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Speech-Language Pathology Lead - Salary and Benefits Speech-Language Pathology Assistant - Salary and Benefits	312,000
Expense/Equipment/Travel/Supplies/Other	Assessment and therapy materials, mileage, educational materials for parents, caregivers, and childcare facility staff	38,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		350,000

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?



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b. What activities and services will be provided to meet the intended purpose of these funds?

Provide speech-language screenings, evaluations and treatment (if needed) to children identified as most in need of speech-language development and provide educational materials to parents, caregivers and child care facility staff to identify children with speech-language deficits, understand the importance of evaluating and treating it and support the work done in therapy sessions, with clinicians.

c. What direct services will be provided to citizens by the appropriation project?

Provide speech-language screenings, evaluations and treatments (if needed) to preschool aged children identified as most in need of speech-language development so they may enter elementary school with identical communication skills as their same aged peers.

d. Who is the target population served by this project? How many individuals are expected to be served?

600 Duval County 2 - 5 year old's

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Improve quality of education:
For every child entering into therapy, a unique set of goals is set based on standardized testing. Progress is monitored and recorded on each of those goals. Goals are updated accordingly. Preschool Language Scales, Fifth Edition (PLS-5) or other standardized age-appropriate assessments are used to identify any deficits and develop an individuals plan for The PLS-5 provides a comprehensive development language assessment for children from ages birth to 7. It assesses nine major areas of auditory comprehension and expressive communication and is the industry standard.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

Standard contract penalties are sufficient.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

For Profit Entity



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- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number