

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: ACEing Autism Florida Adaptive Tennis Project
2. Date of Submission: 09/11/2019
3. House Member Sponsor: Richard Stark  
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 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <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:					25,000	25,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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? Agency for Persons with Disabilities
  - 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.  
ACEing Autism should be responsible for returning unused funds.

6. Requester:

- a. Name: Jessica Brooks
- b. Organization: ACEing Autism
- c. Email: jessica@aceingautism.org
- d. Phone #: (310)401-0544

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

- a. Name: Jessica Brooks
- b. Organization: ACEing Autism
- c. Email: jessica@aceingautism.org
- d. Phone #: (310)401-0544

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: ACEing Autism
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Collier, Martin, Miami-Dade, Okaloosa, Orange

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?

Enhance the fitness, motor development, and social skills of over 250 children with autism through their participation in 8 existing ACEing Autism adaptive tennis programs located in Miami-Dade, Broward, Orange, Collier, Martin and Okaloosa counties, two new school locations in South Florida. This project will also provide leadership training and coaching opportunities for over 200 youth volunteers without autism, who will be paired one-on-one with their peers with autism during tennis clinics.

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	A portion of the Director of Operations and Programs, Program Coordinator, and Office Manager's time will be required to assist with recruiting volunteers, background checks of volunteers, coordinating program operations, communications with program participants.	11,748
<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	Equipment such as tennis racquets, balls, mini nets, t-stands, lines, visual aides, program director manuals, and court rental fees are required for	10,012

	these programs to operate.	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Two part time BCBA certified therapists will provide autism behavioral related training, support, and resources to these programs.	3,240
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		25,000

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)

- 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)

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:

USTA Florida is a big supporter of ACEing Autism Florida programs. The USTA Florida location offers court space, access to tennis professionals, participant referrals, and annual grant funding for general program operating costs.

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?

Each of the 8 locations will host two, six week tennis sessions. These six week sessions consist of weekly hourly tennis programs, typically held on the weekend. During each session, each child with autism will be matched with one or two trained volunteers who will assist them during each clinic.

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

To enhance the fitness, motor development, and social skills over 250 children with autism through their participation in 8 existing ACEing Autism adaptive tennis programs located in Miami-Dade, Broward, Orange, Collier, Martin and Okaloosa counties, two new school locations in South Florida. This project will also provide leadership training and coaching opportunities for over 200 youth volunteers without autism, who will be paired one-on-one with their peers with autism during tennis clinics.

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	At least 90% of participants will show improvements in both gross and fine motor skills, physical fitness, and tennis skills.	Pre and post program surveys are conducted during each six week session. Additionally, UCLA has partnered nationally with ACEing Autism to implement techniques for measuring changes in gait, and surveys that measure and scale improvements in select tennis skills and motor functions.
<input checked="" type="checkbox"/> Improve mental health	At least 90% of participants will indicate increased self confidence as a result of participation in this program.	Pre and post participation surveys are conducted during each six week session.
<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):		

19. Provide the total cost of the project for FY 2020-21 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:	25,000	50.0%	N/A
2. Federal:	25,000	50.0%	Yes
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>50,000</b>	<b>100%</b>	

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

No