

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Santiago & Friends North Brevard
2. Date of Submission: 11/14/2019
3. House Member Sponsor: Thad Altman
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>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					300,000	300,000

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.
Standard penalties

6. Requester:

- a. Name: Marucci Guzman
- b. Organization: Latino Leadership, Inc.
- c. Email: marucci@latino-leadership.org
- d. Phone #: (407)895-0801

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

- a. Name: Marucci Guzman
- b. Organization: Latino Leadership, Inc.
- c. Email: marucci@latino-leadership.org
- d. Phone #: (407)895-0801

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: Latino Leadership, Inc. DBA Santiago & Friends - Family C
- b. County (County where funds are to be expended): Brevard
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Orange, Seminole

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?

Santiago & Friends works to address a gap in service for families touched by autism in a linguistically - and culturally-sensitive manner. Focusing primarily on ABA Therapies, Santiago & Friends Center for Autism empowers parents to be the voice for their child and be a major component of their therapy program. This is achieved through applied behavior analysis, parent trainings, and wrap-around services.

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	Executive Director, BCBA Clinic Director	112,500
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Parent Navigator/Intake	35,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Occupancy Costs, supplies, computers, office equipment, insurance	25,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Registered Behavior Technicians	100,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Therapeutic items, communication devices, testing materials, aba material, therapeutic furniture/equipment	27,500
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

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:

Letters of support from parents and the community

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?

Behavior Analysis, Wrap-Around Support Services

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

Behavior Analysis, Wrap-Around Support Services

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	Fine motor skills, use of bathroom, gross motor skills, age-appropriate exercise, increase physical activity with peers.	Decreased doctor visits, decreased ER visits, decreased visits to the Crisis Stabilization Unit
<input checked="" type="checkbox"/> Improve mental health	Help children develop necessary skills to establish healthy, age appropriate peer relationships	Behavior assessment system for Children, Behavioral and Emotional Rating Scale, Pediatric Symptom Checklist
<input checked="" type="checkbox"/> Enrich cultural experience	Provide culturally-competent services	Ensure that all staff is trained in CLAS, culturally and linguistically appropriate services provision
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Decrease classroom self injurious behavior and tantrums to ensure more productive educational environment for all children.	Reporting by teachers and behavior specialists.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Decrease self- and public-injurious behavior in public settings outside of home or school.	Documented decrease in injurious behavior.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Create new employment opportunities for an underserved area of North Brevard. Provide educational opportunities and assessments required for new workforce certification.	Number of new jobs created and subsequent hirings.

<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Opportunity for older clients of Santiago & Friends to receive vocational and soft skills necessary to gain employment.	Subsequent hiring either in public workplaces or school vocational programs.
<input checked="" type="checkbox"/> Reduce recidivism	Self-regulation and age appropriate activities to ensure continued participation in medically-prescribed therapies to improve quality of life.	Clinical observations that can include self-assessments depending on level of functioning.
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Teach the importance of social skills and self regulation to decrease the use of Baker Acts on school-aged clients	Attendance in school. Behavior reports by school and staff.
<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:	300,000	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
TOTAL	300,000	100%	

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

No