

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Family Initiative SWFL Autism Project for Community and Clinical Support
2. Date of Submission: 11/15/2019
3. House Member Sponsor: Dane Eagle
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? 2018-19
- 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 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:					401,660	401,660

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.
Forfeiture of state funding

6. Requester:

- a. Name: David Brown
- b. Organization: Family Initiative
- c. Email: dbrown@fi-florida.org
- d. Phone #: (239)691-4517

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

- a. Name: David Brown
- b. Organization: Family Initiative
- c. Email: dbrown@fi-florida.org
- d. Phone #: (239)691-4517

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: Family Initiative
- b. County (County where funds are to be expended): Charlotte, Collier, Lee
- c. Service Area (Counties being served by the service(s) provided with funding): Charlotte, Collier, Lee

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 project will expand access for both children and adolescents on the autism spectrum to community-based support programs and clinical services. Clinical services will include autism-related therapies, including occupational and applied behavior analysis services. As part of the appropriation, Family Initiative will provide data showing its program is making measurable improvements in skills such as communication, behavior reduction, and social interaction.

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	Salary will fund a Program Director position to oversee the project and to provide clinical supervision. The position has received a \$50,000 match from a private community funder	50,000
<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 checked="" type="checkbox"/> e. Salaries and Benefits	Board certified Behavior Analyst, Licensed Occupational Therapist, two registered Behavior Technician positions to provide clinical services throughout our region with minimal wait time	231,300

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Funding to support operational expenses related to equipment, clinical space, and supplies to offer clinical services to children and adolescents throughout our region	120,360
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		401,660

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 Goodwill Industries, LARC addressing the need for clinical support for children and adolescents in our region who are on the spectrum

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?

The project will expand access to both community-based support programs and clinical services for children and adolescents on the autism spectrum. Clinical services will include autism-related therapies, including occupational and behavior analysis services.

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

The project will fund in-home clinical services provided to families throughout our region who have children and adolescents diagnosed on the autism spectrum.

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 type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Number of referrals, baker acts, arrest records before and after services.	The development of an MOU will be developed with a local behavioral health provider to ensure clients are referred and monitored to ensure service provision of behavioral health services.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Number of discipline referrals received through educational system.	Communication and coordination with caregivers to track the reduction of behavioral incidents within the child's educational setting.
<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.)	By improving knowledge and skills of law enforcement and reducing	Collaborate with local law enforcement entities to provide

	confrontation.	education and support.
<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 checked="" type="checkbox"/> Reduce recidivism	Number of referrals, baker acts, arrest records before and after services	Release forms will be gathered on each individual served to be able to obtain this information through public records search or through contact with specific schools/agencies. Staff will request information from parent/caregiver as well as records from each individual served.
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Number of referrals, baker acts, arrest records before and after services	Release forms will be gathered on each individual served to be able to obtain this information through public records search or through contact with specific schools/agencies. Staff will request information from parent/caregiver as well as records from each individual served.
<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 checked="" type="checkbox"/> Other (Please describe): Improve well-being of individuals with disabilities	Pre and post tests will be used to assess skills including: pre-employment, social functioning, independent functioning, and life skills. Communication and behavior reduction will be assessed through baseline measures and progress made over consecutive sessions with clinicians.	Pre and post tests will be provided to the individual served at the onset of services and again at the end of services to measure change. Communication and behavior reduction will be assessed at each session the individual.

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:	401,660	88.9%	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:	50,000	11.1%	Yes
5. Other:	0	0.0%	No
TOTAL	451,660	100%	

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

No