



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** OaSN Active Minds Enrichment Program

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 11/02/2017

4. **Project/Program Description:**

There are currently no summer camps or school break programs in Marion or surrounding counties that accept individuals with autism on all functioning levels except ours. Students with autism can have severe regression without refresher academics during the summer months and profound routine disruption during school breaks. This program addresses these with the following: OaSN's Summer Enrichment Program runs for 8 weeks during June & July. OaSN will offer a 4-week paid sponsorship for ea. participant on the spectrum for autism at 50% or 100% of cost (based on income and poverty guidelines). Since caregivers who work often cannot leave in the middle of their work day when camp ends, before and after care will also be available. OaSN's Active Minds School Break Enrichment Program will operate one and two day camps during school breaks to help families with routine disruption and assist with academics to avoid regression. This program will allow parents to continue to work.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Education

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
127,772		127,772

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 127,772

9. **Previous Year Funding Details:**



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- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

- If yes, indicate non-recurring amount per year.

\$127,772.00 ANNUALLY

11. Program Performance:

- What is the specific purpose or goal that will be achieved by the funds requested?

Provide care for children with autism during school breaks to: 1. Prevent regression (educational, behavioral, social); 2. Allow for parents to continue to work knowing that their children are cared for by trained staff while being academically enriched.

- What are the activities and services that will be provided to meet the intended purpose of these funds?

Students in the Active Minds Enrichment Program will receive academic refresher drills, art, crafts, music chess, Lego Robotics and outdoor fun.

- How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Oversight of all Outreach autism Services Network activities	2,571



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<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Office supplies	85
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Funding for a portion of services provided by Auditor, Finance/HR Director/Consultant	3,666
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Staff - educational/instructional to provide enough staff to ensure a 3:1 student/staff ratio	94,708
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Facilities, Operations, Insurance, Equipment and Advertising	24,192
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Consultant - develop academic curriculum for this program	2,550
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		127,772

d. What are the direct services to be provided to citizens by the appropriations project?

Summer and School Break enrichment for school aged children with autism.

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

Children with autism, ages 3-19 Projected number to serve - 320

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

1. Prevent regression 2. Allow for parents to continue to work knowing their child is cared for by trained staff while being academically enriched. Track Attendance at all Active Minds Enrichment Camps and Mini Camps and survey completed by parents/guardian/caregiver at the end of their enrichment session(s) and 60 days after enrichment session(s).



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- g. **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 in the contract?**

Upon determining the agency is behind on deliverables, preparing and implementing a corrective action plan. If that still does not bring the agency to deliverable and performance standards provided for in the contract, lowering or removing our next funding request from consideration.

12. **The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A

13. **Requestor Contact Information:**

- a. **Name:** Karen Vega, Exec Director
- b. **Organization:** Outreach autism Services Network
- c. **Email:** kvega@oasn.info
- d. **Phone Number:** (352)462-0168

14. **Recipient Contact Information:**

- a. **Organization:** Outreach autism Services Network
- b. **County:** Alachua, Citrus, Lake, Marion, Sumter
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. **Contact Name:** Karen Vega, Exec Director
- e. **E-mail Address:** kvega@oasn.info
- f. **Phone Number:** (352)462-0168

15. **If there is a registered lobbyist, fill out the lobbyist information below.**

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**