



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1147

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

**4. Project/Program Description**

All five Florida Easterseals affiliates continue to share, scale and expand program innovations and success in services for persons with autism and related disabilities. Target programs include (1) the PLAY Project, a parent-centered, evidence-based autism intervention for young children, (2) Behavioral Health-autism early diagnosis, therapeutic interventions (3) STRIVE, industry-recognized certifications in hospitality and virtual employment training (4) Specialized K-12 education and (5) Comprehensive medical intervention/mental health and family support services for children and adults with autism and related disabilities. Our goal is to strengthen our state network and collective outcomes to inform decisions as we increase diagnosis and interventions at earlier ages. We will provide diagnostics, therapy, specialized education, and employment, thus increasing independence for children, adults, and their families.

5. State Agency to receive requested funds
- State Agency contacted?  No

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

Type of Funding	Amount
Operations	7,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>7,000,000</b>

**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)	7,000,000	56%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	190,385	2%
Other	5,274,756	42%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>12,465,141</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	7,000,000	240A	No

9. Is future funding likely to be requested?  Yes
- a. If yes, indicate nonrecurring amount per year.
- b. Describe the source of funding that can be used in lieu of state funding.
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

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

Our affiliate received \$1,707,742 through PPP loans used for payroll and utility expenses, and to obtain additional PPE throughout the pandemic to ensure the safety of our staff and clients in 2021 and 2022.

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Administrative Cost Allocation	300,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Salaries/Wages; Benefits	2,889,323
Expense/Equipment/Travel/Supplies/Other	Program Supplies: Training, Rent, Supplies, Travel, Diagnostic Supplies, Educational Supplies, Continuing Education, IT, Telephone/Utilities, Equipment lease/purchase, Maintenance/Repairs, Postage, Bank Fees, Licensure Fees, Subscriptions, Misc.	275,677
Consultants/Contracted Services/Study	Professional Fees (Equine Specialists in Mental Health and Learning, PLAY home consultants, Certified Therapeutic Riding Instructors, mental health clinicians, virtual reality consultant) Subcontracted affiliates.	3,535,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>7,000,000</b>

### 14. Program Performance

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



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All five Florida Easterseals affiliates continue to share, scale and expand program innovations and success in autism early diagnosis and intervention, comprehensive behavioral health/mental health interventions, psychological/psychiatric evaluations, supported employment training, intensive education and therapies. Our goal is to strengthen our state network and our collective outcomes and utilize best practices in education, specialized therapy, and employment for people with disabilities.

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

Each affiliate has a successful client approach appropriate for scaling across affiliates via direct service delivery, virtual services, consultation, technical assistance training, community education, etc. Together, affiliates will identify capacity gaps and expand local access to early intervention and clinical therapies, supported workforce training, intensive specialized education and comprehensive behavioral health/mental health services. Easterseals will provide comprehensive family support services including case management and post-diagnostic wrap around services.

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

PLAY Project- parent implemented intervention for young children with autism  
 Behavioral Health-Psychology, Psychiatry for children with autism and other disabilities  
 Therapies-Speech, Occupational, Physical, Behavioral  
 STRIVE - vocational skills towards industry-recognized certifications in hospitality  
 Life skills training focusing on employment goals  
 Virtual Reality - digital simulation training in retail/ hospitality  
 Early intervention therapies, intensive education and comprehensive behavioral mental health  
 K-12 specialized education programs  
 Case management and family support

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

Each Florida Easterseals' target populations are (1) children and adults with autism and other developmental disabilities that reside in Florida, as well as their families/caregivers, (2) Local businesses and industries who rely on a qualified, dependable workforce, and (3) Members of the local community who benefit from an inclusive and diverse society. Up to 1,800+ children and adults with disabilities are expected to be served directly through our collaborative efforts.

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

More children and adults with disabilities will benefit by our collective sharing of innovative programming in key areas that impact independence and early intervention (1) autism early diagnosis and cost-effective interventions that result in increased functional development levels, (2) vocational skills training that respects the person's own choices and leads to industry-recognized certifications for increased independence and employability, (3) employment skills to improve management/communication, financial/service, self management adaptive skills; (4) comprehensive behavioral/mental health therapeutic and educational services that reduce maladaptive behaviors, learning disabilities and improve overall independence and self-esteem. In-depth performance measures across multiple programs will include data collection/analysis, diagnostic testing, treatment plans, job placements, retention, skills improvement, case management notes, and improved economic status.

**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?**

Since we are proposing a direct services contract, we would expect not to be paid until the monthly reporting of performance levels met the contract expectation.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**



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#### 16. Recipient Contact Information

a. Organization

b. Municipality and County

#### c. Organization Type

- For Profit Entity
- 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