



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1006

1. Title of Project: Miami Beach Inclusionary Aides (Special Needs)

2. Senate Sponsor: Jason Pizzo

3. Date of Submission: 01/16/2019

4. Project/Program Description:

Project Name: City of Miami Beach Inclusionary Aides (Special Abilities Program/Inclusion). This project will provide staffing for moderate and severe special needs youth and children in the City's After School and Summer Camp programs.

The number of public school students receiving special education has increased to about 13%. [NCES, 2018].

Eligible students are identified as students having a disability. The rate of increase for Autism alone has increased 30% in two years, to one in 68 children. [CDC, 2018]. In 2018 the City served approximately 2,000 youth; based on national figures, 260 (13%) of these youth have a disability. Aides improve safety and education.

5. State Agency to receive requested funds : Department of Education

State Agency Contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	
Total State Funds Requested	250,000

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	250,000	38.5%
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	400,000	61.5%
Other	0	0.0%
Total Project Costs for Fiscal Year 2019-2020	650,000	100.0%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate non-recurring amount per year. 200000



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	0	0
Other Salary and Benefits	One-on-one aides for special needs/youths with disabilities.	250,000
Expense/Equipment/Travel/Supplies/Other	0	0
Consultants/Contracted Services/Study	0	0
Operational Costs:		
Salary and Benefits	0	0
Expense/Equipment/Travel/Supplies/Other	0	0
Consultants/Contracted Services/Study	0	0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	0	0
Total State Funds Requested (must equal total from question #6)		250,000

11. Program Performance:

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

The City of Miami Beach provides daily After School and Summer Camp recreational programs. Inclusionary Aides provide one-on-one assistance to participating children with moderate/severe special needs. There has been a substantial increase in the number of special needs youths in our community. The City's goal is to provide these youths with support in a safe environment and mainstream them into existing programs with the assistance of Inclusionary Aides.

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

One-on-one assistance to youth and children with disabilities to help them meet social, recreational, health and educational goals.

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

Support in a safe environment and mainstream youth and children into existing programs with the assistance of Inclusionary Aides.

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

Youth and children with special needs enrolled in the City's Summer Camp and After School Programs

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

Increased achievement of Individualized Education Program (IEP) goals, enhanced skill acquisition, reduction in negative/harmful behaviors, increased social skills.



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- 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 in the contract?**

Termination of contract.

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 - no fixed capital outlay funding is requested. Funds are requested for operating costs.

13. **Requestor Contact Information:**

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- b. **Organization:** City of Miami Beach
- c. **E-mail Address:** judyhoanshelt@miamibeachfl.gov
- d. **Phone Number:** (305)673-7510

14. **Recipient Contact Information:**

- a. **Organization:** City of Miami Beach
- b. **County:** Miami-Dade
- 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:** Jimmy L. Morales
- e. **E-mail Address:** jimmymorales@miamibeachfl.gov
- f. **Phone Number:** (305)673-7010

15. **Lobbyist Contact Information**

- a. **Name:** Jerry Mcdaniel
- b. **Firm Name:** Southern Strategy Group (Jerry and Kevin) / Ronald L. Book, P.A. (Rana)
- c. **E-mail Address:** mcdaniel@sostrategy.com, cabrera@sostrategy.com/ rana@rlbook
- d. **Phone Number:** (850)566-6068