

LFIR # 1314

1.	Project Title	Easterseals Bette affiliate innovation		ving autism statewid	e by sharing								
2.	Senate Sponsor	Jim Boyd											
3.	Date of Request	11/12/2021											
,	Drainat/Dragram Da	a a rintia n											
4.	Project/Program De	<u> </u>											
	persons with autism based autism interve (3) STRIVE - vocatio (4) Micro-enterprises	and related disabilitention for young chilention for young chilenal skills training too focusing on entrepand (5) Comprehenstrength of our state	ies. Target prograr dren, (2) autism ea wards industry-recteneurial goal and sive behavioral hea network and our c	ns include (1) the PL rly diagnosis, interve ognized certifications Virtual Reality - digita lth/ mental health ser ollective outcomes w	AY Project, a paren ntions, intensive ed and pre-employme al simulation training rvices for children a ill inform public polices.	nd adults with autism. cy decisions towards							
5.	State Agency to rec	ceive requested fur	nds Agency f	or Persons with Disa	bilities								
	State Agency conta	cted? No	-										
	Amount of the Nonr		for Fiscal Year 20	22-2023									
	Type of Funding			Amo	nunt	]							
	Operations			Aine	5,000,000								
	Fixed Capital Outlay			0									
	Total State Funds F				5,000,000								
7. <sup>-</sup>	Total Project Cost fo	or Fiscal Year 2022	2-2023 (including	matching funds ava	ilable for this proj	ect)							
	Type of Funding			Amount	Percentage								
	Total State Funds Re	equested (from ques	stion #6)	5,000,000	44%								
	Matching Funds												
	Federal			0	0%								
	State (excluding the	amount of this requ	est)	0	0%	1							
	Local			6,477,614	56%								
	Other			0	0%								
	<b>Total Project Costs</b>	for Fiscal Year 20	22-2023	11,477,614	100%								
8.	Has this project pre	eviously received s	tate funding?	Yes									
	Fiscal Year	Amo		Specific Appropriation #	Vetoed								
	(уууу-уу)	Recurring	Nonrecurring										
	2021-22	0	3,147,192	242	No								
9.	ls future funding lik	cely to be requeste	d?	No		7							
	a. If yes, indicate no	onrecurring amour	nt per year.										
	b. Describe the sou	rce of funding tha	t can be used in li	ieu of state funding.									
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If yes, indicate the amount of funds received and what the funds were used for.

Affiliates received \$4,860,916 thru PPP Loans used for payroll and utilities expenses, and to obtain additional PPE throughout the pandemic to ensure the safety of our staff and clients; Additional \$500,000 Small Business Loan for same purposes.

### 11. Details on how the requested state funds will be expended

Spending Category	Description	Amount						
Administrative Costs:								
Executive Director/Project Head Salary and Benefits		0						
Other Salary and Benefits		0						
Expense/Equipment/Travel/Supplies/ Other	Administrative Cost Allocation (8.9%)	442,964						
Consultants/Contracted Services/Study	Contract Management Adults and Art	108,000						
Operational Costs: Other								
Salary and Benefits	Salaries/Wages; Benefits	2,684,990						
Expense/Equipment/Travel/Supplies/ Other	Program supplies; Training, Rent, Supplies, Travel and Virtual Reality Module and Equipment expenses; Diagnostic Supplies, Educational Supplies, Office supplies; Cont. Ed; IT; Telephone/Utilities; Equipment lease/purchase;+ Insurance/ Maintenance/Repair; Postage; Bank Fees; Payroll service fees; PLAY Project License; Staff travel; Maintenance; Misc	816,709						
Consultants/Contracted Services/Study	Professional Fees (psychiatrist/ clinical psychologist/ PLAY home consultants); Contracted Mental Health Clinicians	947,337						
Fixed Capital Construction/Majo	r Renovation:							
Construction/Renovation/Land/ Planning Engineering		0						
otal State Funds Requested (must equal total from question #6) 5,000,000								

#### 12. Program Performance

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

All five Florida Easterseals affiliates propose to share, scale and expand program innovations and success in autism early diagnosis and intervention, comprehensive behavioral health/mental health, supported workforce training, intensive education and therapies. Our goal is that the strength of our state network and our collective outcomes will inform public policy decisions towards 100% equity, inclusion, and improved local access for 1,500+ Floridians with disabilities. It is requested that \$1 million be earmarked in the final contract for Easterseals Northeast Central Florida to spearhead the third year statewide expansion of the PLAY Project to grow from 40 children in the original pilot to 160 young children with autism statewide.

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

Each affiliate has a uniquely successful client approach appropriate for scaling across affiliates via virtual training, consultative services, direct service delivery, etc. Together, affiliates will identify capacity gaps and expand local access to early intervention and clinical therapies, supported workforce training, intensive education and comprehensive behavioral health/ mental health services.

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



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PLAY - parent implemented intervention for young children with autism

Autism early diagnosis and interventions

STRIVE - vocational skills training towards industry-recognized certifications and pre-employment life and social skills Micro-enterprises focusing on entrepreneurial goals

Virtual Reality - digital simulation training in retail/ hospitality

Early intervention therapies, intensive education and comprehensive behavioral health/ mental health services

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

Easterseals' target population is (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 1,500 +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 overall lifetime success, including, (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) job focused/entrepreneurial 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.

It is requested that \$1 million be earmarked in the final contract for Easterseals Northeast Central Florida to spearhead the third year statewide expansion of the PLAY Project to grow from 40 children in the original pilot to 160 young children with autism statewide.

13. 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.

No capital outlay funding.



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14. R	14. Requestor Contact Information												
a.	First Name	Tom		Last Name	Waters								
b.	. Organization	Easterse	Easterseals Southwest Florida										
C.	E-mail Address	twaters@	twaters@easterseals-swfl.org										
d	Phone Number	umber (941)355-7637 Ext.											
15. Recipient Contact Information													
a.	a. Organization Easterseals Southwest Florida												
b	b. Municipality and County Sarasota												
C.	c. Organization Type												
	□For Profit Entity	ntity											
	☑Non Profit 501(c	Profit 501(c)(3)											
	□Non Profit 501(c	:)(4)											
	□Local Entity												
	□University or Co	llege											
	□Other (please sp	pecify)											
d	. First Name	Tom		Last Name	Waters								
e.	E-mail Address	twaters@	easterseals-swfl	.org									
f.	f. Phone Number												
16. L	16. Lobbyist Contact Information												
a.	Name	Nicole G	raganella Kelly										
b	. Firm Name	The Southern Group											
C.	E-mail Address	kelly@the	esoutherngroup.c	com									
d.	. Phone Number	(850)671-4401											