



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2137

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funds will be used to develop an autism outdoor playground. This sensory rich environment will allow for children with autism to develop gross motor skills, social skills and practice pretend play in a creative, safe and exciting area.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	100,000
Total State Funds Requested	100,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	100,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	100,000	100%

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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



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In FY 2021, the hospital received \$18 million for COVID related expenses and lost revenue. These expenses were audited by the federal government to ensure compliance.

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		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	equipment for the playground including the purchase, delivery and installation	100,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		100,000

12. Program Performance

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

The funds will be to develop an autism outdoor playground. This sensory rich environment will allow for children with autism to develop gross motor skills, social skills and practice pretend play in a creative, safe and exciting area.

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

Children with autism will engage and play on a variety of sensory rich playground equipment that is intended to boost motor skills, movement-based therapy, improve social communication, attention and behavioral issues.

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

Any resident of Region 1 (Escambia, Santa Rosa and Walton Counties) can utilize the playground.

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

The primary target population is children with autism. Between 150-200 children are expected to be served in the first year and 300 by year 2.

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

Playground equipment will be analyzed using a behavioral coding system that will analyze verbalizations and motor skills. The relationship between play and academic/classroom performance will also be measured and analyzed. Physical improvement such as motor skills (both fine and gross) as well as weight management will be monitored and measured. Surveys of parents to attain information on behavior at home will also be utilized.

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?

Return the funds



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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.

The owner and entity are the same and it is Studer Family Childrens Hospital at Ascension Sacred Heart.



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number