



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1465

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Drowning is the number ONE cause of death of children with autism. This statistic has remained the same for decades. Florida has the highest number of drownings in the United States. Children with autism drown at a rate 160 times greater than typically developing children. Of the 99 fatal drownings of children in Florida in 2022, most were a result of the child wandering or eloping, all factors that impact autism every day. The Autism Society of Florida plans to save lives of children with autism by providing swim lessons.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	200,000
Fixed Capital Outlay	0
Total State Funds Requested	200,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	200,000	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 2023-2024	200,000	100%

8. Has this project previously received state funding? No

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

9. Is future funding likely to be requested? No

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?

No



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

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

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Project administrative support staff will oversee the distribution of materials to families regarding the availability of the program; collect and process applications; ensure swimming instructors carry Red Cross WSI certification; process funds of instructors; market training opportunities to instructors, Red Cross, emergency room staff and parents and schedule trainings requested.	10,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Fund water safety/swimming instruction to 500 children with autism - each student receiving benefit of \$350 to be paid directly to a duly certified Water Safety instructor.	175,000
Expense/Equipment/Travel/Supplies/Other	Informational brochures, flyers and marketing materials, applications, travel for consultants.	5,000
Consultants/Contracted Services/Study	Consultant/trainer on autism spectrum disorder to provide training on autism to water safety instructors, parents, pediatricians and emergency room staff (in each of the 10 counties with the highest rates of childhood drowning - @ \$500 each) - estimate 2 trainings per county.	10,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		200,000

14. Program Performance



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

The Autism Society of Florida will use the funds to save lives of children with autism by providing swim lessons.

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

Vouchers/scholarships of swimming survival lessons for 500 children with autism. - Training of swim instructors on autism and how to teach these children. - Create and distribute marketing information to pediatricians, teachers and other professionals working with kids with autism. - Provide outreach and information to emergency room staff encouraging them to report fatal and near fatal drownings.

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

500 children with autism will receive water safety/swimming instruction through a voucher/scholarship so that family finances do not prevent a child from receiving greatly needed swimming instruction.

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

At-risk youth, developmentally disabled, preschool students, grade school students, and children with autism.

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

1. Improve physical health - Children with autism will be more physically fit and able to survive in water through water safety competency assessments by swim schools.
2. Improve mental health - Children with autism will develop a higher self-confidence upon learning to swim through water safety competency assessments by swim schools.
3. Protect the general public from harm - Children will be safer in and around water. They will have skills to stay alive in water. We will see a decrease in childhood drowning in Florida through water safety competency assessments by swim schools.
4. Create specific immediate job opportunities - This project will provide funding to water safety instructors through water safety competency assessments by swim schools.

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?

Funding will cease. Funds will return or remain with the state agency.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)



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- 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