

### The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

**LFIR # 1072** 

1. Project Title	Els for Autism Specialized Autism	Recreation Complex		
2. Senate Sponsor	Gayle Harrell			
3. Date of Request	2/5/2025			
4. Project/Program De	escription			
Excellence campus to teach specialized of death for young che gymnasium will reduce and sensitivity to include an aquati splashpad, alongside	ntinuing a campaign to build a special that will include an aquatics center, special water safety and swimming skills for include with autism and Florida leading the barriers to participation in sports a lement weather. The requested funding center with swimming lanes, grated an indoor gymnasium with teaching pasory escape spaces.	olash pad, and gymnas drowning prevention wi g the country in the nur and fitness that include ng will provide continue d entrance, wheelchair	ium. The aquatic of th drowning being t mber of deaths by c high temperatures l d support for const access, aqua thera	enter is greatly needed the number one cause drowning. The leading to overheating ruction. The complex py area, pavilion and
		for Doroono with Dioch	ilitioo	
5. State Agency to rec	Reive requested funds Agency	for Persons with Disab	illues	
State Agency contact	cted? Yes			
C. Americat of the Norm	a committee Barros of fam Figure 1 Vacua	005 0000		
6. Amount of the Nonr	ecurring Request for Fiscal Year 2	025-2026		
6. Amount of the Nonro	ecurring Request for Fiscal Year 2	025-2026	unt	
	ecurring Request for Fiscal Year 2	1	unt 0	
Type of Funding		1		
Type of Funding Operating		1	0	
Type of Funding Operating Fixed Capital Outlay Total State Funds R		Amo	0 2,500,000 <b>2,500,000</b>	ect)
Type of Funding Operating Fixed Capital Outlay Total State Funds R	Requested	Amo	0 2,500,000 <b>2,500,000</b>	ect)
Type of Funding Operating Fixed Capital Outlay Total State Funds R 7. Total Project Cost for	Requested	Amo	2,500,000 <b>2,500,000</b> lable for this proje	ect)
Type of Funding Operating Fixed Capital Outlay Total State Funds R 7. Total Project Cost for	Requested or Fiscal Year 2025-2026 (including	Amount  Amount	2,500,000 2,500,000 lable for this projection	ect)
Type of Funding Operating Fixed Capital Outlay Total State Funds R  7. Total Project Cost for Type of Funding Total State Funds Re	Requested or Fiscal Year 2025-2026 (including	Amount  Amount	2,500,000 2,500,000 lable for this projection	ect)
Type of Funding Operating Fixed Capital Outlay Total State Funds R  7. Total Project Cost for Type of Funding Total State Funds Re Matching Funds Federal	Requested or Fiscal Year 2025-2026 (including	matching funds avai  Amount 2,500,000	2,500,000 2,500,000 lable for this proje Percentage 18%	ect)
Type of Funding Operating Fixed Capital Outlay Total State Funds R  7. Total Project Cost for Type of Funding Total State Funds Re Matching Funds Federal	Requested or Fiscal Year 2025-2026 (including equested (from question #6)	Amount 2,500,000	0 2,500,000 <b>2,500,000</b> lable for this proje Percentage 18%	ect)
Type of Funding Operating Fixed Capital Outlay Total State Funds R  7. Total Project Cost for Type of Funding Total State Funds Re Matching Funds Federal State (excluding the	Requested or Fiscal Year 2025-2026 (including equested (from question #6)	Amount 2,500,000	0 2,500,000 <b>2,500,000</b> lable for this proje Percentage 18%	ect)

Fiscal Year	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2024-25	0	1,000,000	246A & 249A	No

8. Has this project previously received state funding?

If yes, provide the most recent instance:

9. Is future-year 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.

individual donations, corporate partners, grants, and fees and donations from fundraising events

Yes



10. Status of Construction

a. What is the current phase of the project?

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### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

	Spending Categor	у		Description		Am
12.	Details on how th	e requested s	tate funds will be expended			
	Els for Autism Fo Executive Directo		c3 is the owner of the facility	run by the Board of Dir	ectors and	
11			o receive, directly or indirec rs of the facility and the ent		outlay funding. Inc	lude the
	Individual donatio	ns, corporate p	artners, grants, and fees and	donations from fundrai	sing events.	
	e. What funding st	tream will be u	sed for ongoing operations	and maintenance of	the project?	
	d. What is the esti	mated comple	tion date of construction?	01/30/2027		
	c. What is the esti	mated start da	te of construction?	07/01/2025		
	b. Is the project "s	shovel ready"	(i.e permitted)?	No		
	O Planning	<ul><li>Design</li></ul>	Construction N/	4		

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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Continued construction activities including engagement construction documents for permitting, obtain permits, continued engagement of architect, general contractor, pool contractor, engineers, and vendors for construction to commence, construction materials.	2,500,000
Total State Funds Requested (m	ust equal total from question #6)	2,500,000

### 13. Program Performance

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



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The requested funding would support the construction of a purpose built recreation complex, custom designed to meet the needs of individuals with autism spectrum disorder and other disabilities of all ages. The complex would include an aquatic center with swimming lanes, grated entrance, wheel chair access, aqua therapy/teaching area splash pad, and pavilion; along side an indoor gymnasium with multipurpose dining, teaching kitchen, fitness and yoga rooms, basketball court, and sensory escape spaces.

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

Continued construction activities including engagement construction documents for permitting, obtain permits, continued engagement of architect, general contractor, pool contractor, engineers, and vendors for construction to commence.

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

Specialized swim and water safety instruction, therapeutic aquatic interventions, indoor cool/shaded sports and fitness activities, specialized autism-friendly hurricane shelter. Instruction in specialized sports curricula for parents, teachers, and coaches. Networking and support for families of individuals participating in sports and fitness programs on campus. Reduce barriers to participation in sports and fitness that include high temperatures leading to overheating, sensitivity to inclement weather with fears of thunder, and sensitivity to getting wet in the rain. On any given day, we have over 300 people with autism on our campus who know this space and count on being this space to they feel safe.

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

Individuals of all ages with special needs, specifically autism and related disabilities, their families, and the surrounding community. The campus serves over 300 people with autism each day in addition to thousands served through telehealth services, virtual programs, spring and summer camps, and local/national/international education and outreach.

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
- 1. 80 % of participants in the Ernie Els #GameON Autism (R) Sports programs will improve sport, athletic, and social communication skills measured by pre/post tests.
- 2. Reduce stress and anxiety in an environment that is purpose built to meet the needs of individuals with autism and allowing them to be in an environment they are comfortable and familiar with. Staff will monitor the behaviors and anxiety levels, collecting data and using caregiver and participant surveys.
- 3. Reduce barriers to participation in sports and fitness for people with autism that have sensitivities to extreme weather. Collect data on the number of participants.
- 4. Reduce potential for drowning by providing specialized swim instruction and water safety in a custom designed pool with specialized curriculum. Collect data on the number of swim/water safety students and complete the design of a specialized aquatics curriculum.
- 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?

If deliverables are not met due solely to Els for Autism, we will forego a commensurate percent of funding and immediately implement an improvement plan with associated measurable results.

If deliverables are not met due to circumstances beyond the control of Els for Autism (extreme weather or construction supply issues causing delays), we will coordinate with the sponsoring Representative to negotiate acceptable terms for deliverables, timelines, an/or appropriations.

. Is t	his project related to mitigation, response, or recovery from a natural disaster? No
a. If	Yes, what phase best describes the project?
	Mitigation (reducing or eliminating potential loss of life or property)
	Response (addressing the immediate and short-term effects of a natural disaster)
	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
b. Na	ame of the natural disaster (or Executive Order # for events not under a federal declaration):



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15. Has the entity app	lied for or received feder	ral assistance for this project?	
☐ Yes, Applied			
☐ Yes, Received			
□ No			
☐ No, but intends to	o apply		
a. If yes, provide th	e FEMA project workshe	eet ID#:	
b. Provide the total	project cost listed on the	e FEMA project worksheet:	
16. Has the entity app	lied for or received state	e assistance for this project (other than this requ	est)?
☐ Yes, Applied			
☐ Yes, Received			
□ No			
☐ No, but intends to	o apply		
a. If yes, specify the Commerce):	e program and state ager	ncy (ex. Local Government Emergency Bridge L	oan, Department of
Agency for Persons	s with Disabilities		
17. Requester Contact	t Information		
a. First Name	Marlene	Last Name Sotelo	
b. Organization	Els for Autism		
c. E-mail Address	marlene.sotelo@elsforaut	itism.org	
d. Phone Number	(561)625-8269	Ext.	
18. Recipient Contact	Information		
a. Organization	Els for Autism		
b. Municipality and	d County Palm Beach		
c. Organization Ty	ре		
□For Profit Entity			
☑Non Profit 501(c	:)(3)		
□Non Profit 501(c	c)(4)		



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□Local Entity					
□University or Co	□University or College				
□Other (please sp	□Other (please specify)				
d. First Name	Marlene	Last Name	Sotelo		
e. E-mail Address	marlene.sotelo@elsforautism.org				
f. Phone Number	(561)625-8269	Ext.			
19. Lobbyist Contact I	nformation				
a. Name	Timothy J. Stapleton				
b. Firm Name	Arrow Group Consulting				
c. E-mail Address	tstapleton@gunster.com				
d. Phone Number	(850)521-1980				

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.