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

**LFIR # 2054** 

1. Project Title	Hope Haven Ass	ociation Early Autis	m Diagnosis		
2. Senate Sponsor	Jennifer Bradley				
3. Date of Request	2/19/2025				
4. Project/Program Des	scription				
The funds will expan ensuring early identification outcomes, reducing liften exceed 2 years	ication when interv ifetime care costs b	ention has the great by up to \$1.2M per i	ndividual. This projec	levelopment. Early t addresses delays	diagnosis improves in diagnosis, which
5. State Agency to reco	eive requested fu	nds Agency fo	or Persons with Disab	ilities	
State Agency contact	cted? Yes				
6. Amount of the Nonre	ecurrina Request	for Fiscal Year 202	25-2026		
					1
Type of Funding			Amo		
Operating				600,000	
Fixed Capital Outlay			0		
<b>Total State Funds R</b>	equestea			600,000	J
7. Total Project Cost fo	or Fiscal Year 202	5-2026 (including r	matching funds avai	lable for this proj	ect)
Type of Funding			Amount	Percentage	
Total State Funds Re	quested (from que	stion #6)	600,000	73%	
Matching Funds			<del>_</del>		
Federal			0	0%	
State (excluding the a	amount of this requ	iest)	0	0%	
Local			0	0%	
Other			220,500	27%	
<b>Total Project Costs</b>	for Fiscal Year 20	25-2026	820,500	100%	
8. Has this project predict by the first seek provide the manner.	•	•	No		
Fiscal Year (yyyy-yy)	Amo		Specific Appropriation #	Vetoed	
(3333 337	Recurring	Nonrecurring	търгоримини		
					J
9. Is future-year funding	ng likely to be req	uested?	Yes		
a. If yes, indicate no	nrecurring amou	nt per vear.	600,000		
b. Describe the sou	•	, ,			ı
term. To date, the pro-	oject has secured 3 ontributions from s	300K, an additional everal other suppor	but it is limited and ur 125K over five years ters. While these gen ar, they are not suffici	from a committed erous	



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

0.	Status of Const	ruction					
á	a. What is the cu	urrent phase of t	the project?				
	Planning	O Design	Construction	O N/A			
ı	o. Is the project	"shovel ready"	(i.e permitted)?				
(	c. What is the es	stimated start da	ate of construction?				
(	d. What is the es	stimated comple	etion date of constru	ction?			
•	e. What funding	stream will be u	used for ongoing ope	rations a	and maintenanc	e of the project?	
11.			o receive, directly or ers of the facility and			ital outlay funding. Include	the

### 12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study	Each completed evaluation including all support services is billed at a rate of \$2,500.	600,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
<b>Total State Funds Requested (m</b>	ust equal total from question #6)	600,000

### 13. Program Performance

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

Funds will expand access to comprehensive autism evaluations for children aged 16 months to 3 years in Florida, ensuring early identification when intervention has the greatest impact on brain development. Early diagnosis improves outcomes, reducing lifetime care costs by up to \$1.2M per individual. This project addresses delays in diagnosis, which often exceed 2 years, ensuring children access life-changing intervention services at the earliest, most critical window.

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



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The project will provide comprehensive autism evaluations for children aged 16 months to 3 years, including developmental screenings, diagnostic testing, and individualized reports. Families will receive care coordination to connect them with intervention services quickly. Funds will support staffing for evaluations, purchase of advanced diagnostic tools, and outreach to pediatricians and underserved communities to increase awareness and ensure timely referrals for early diagnosis.

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

The project will deliver direct, comprehensive autism evaluations for children aged 16 months to 3 years, including developmental screenings, standardized diagnostic assessments, and individualized reports. Families will receive personalized guidance and care coordination to access critical early intervention services without delay. These services ensure Florida's youngest citizens are identified early and connected to life-changing therapies during the most vital window of brain development.

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

The target population is children aged 16 months to 3 years across Florida, with a focus on underserved and at-risk communities experiencing barriers to early autism diagnosis. The project aims to serve at least 300 children annually, ensuring they receive comprehensive evaluations and timely referrals to intervention services. By prioritizing early identification, the project addresses developmental disparities and improves outcomes for Florida's youngest, most vulnerable citizens.

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

The project aims to achieve earlier identification of autism in children aged 16 months to 3 years, ensuring timely access to intervention services during the most critical period for brain development. The expected benefits include improved developmental outcomes, reduced long-term care costs, and enhanced family support. Outcomes will be measured by tracking the number of children evaluated annually (target: 300), the average age at diagnosis (goal: under 3 years), and the time to intervention following evaluation.

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?

Our request for will be used as restricted funding, and there is no risk for nonperformance. Each evaluation is \$2,500, and we propose a fee for service billing structure where we do not bill until the service is provided using a unit cost model.

14. Is 1	this 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. N	lame of the natural disaster (or Executive Order # for events not under a federal declaration):
5. Ha	s the entity applied for or received federal assistance for this project?
<b>"</b>	Yes, Applied
<b>"</b>	Yes, Received
	No
	No, but intends to apply



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a. If yes, provide the	e FEMA pro	ject workshee	et ID#:				1
b. Provide the total	project cos	t listed on the	FEMA proje	ect worksheet:			]
16. Has the entity app	lied for or r	eceived state	assistance f	or this project	(other thar	this reque	st)?
☐ Yes, Applied							
☐ Yes, Received							
□ No							
□ No, but intends to	o apply						
a. If yes, specify the Commerce):	e program a	ind state agen	ıcy (ex. Loca	l Government	Emergency	/ Bridge Lo	an, Departmen
7. Requester Contact a. First Name		n	L aat Nama [	lahasan			
[	Stella	n Association	Last Name	Jonnson			
b. Organization	•	n Association					
c. E-mail Address d. Phone Number			Ext.				
d. Filone Number	(904)340-3	100	LXII				
8. Recipient Contact	Information						
a. Organization	Hope Have	n Association					
b. Municipality and	d County S	Statewide					
c. Organization Typ	ре						
□For Profit Entity							
☑Non Profit 501(c	:)(3)						
□Non Profit 501(c	:)(4)						
□Local Entity							
□University or Col	llege						
□Other (please sp	J						
			l [				
d. First Name e. E-mail Address	Stella		Last Name	Johnson			

Ext.

**f. Phone Number** (904)346-5100



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19. Lobbyist	Contact	Inform	nation
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a. Name	Tracy Hogan Mayernick
b. Firm Name	The Mayernick Group LLC
c. E-mail Address	tracy@themayernickgroup.com
d. Phone Number	(850)445-3000

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