

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Family Initiative ? Southwest Florida Autism Center

2. Date of Submission: 11/08/2017

3. House Member Sponsor: Dane Eagle

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? Yes  
*If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E*
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget  (Will equal non-vetoed amounts provided in Column A)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		62,000	62,000		102,000	102,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Agency for Persons with Disabilities

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Agency should recoup funds from Family Initiative if deliverables or performance measures are not met. Amount of repayment will be based on how many measures were not met.

6. Requester:

- a. Name: David Brown
- b. Organization: Family Initiative
- c. Email: dbrown@fi-florida.org
- d. Phone #: (239)691-4517

7. Contact for questions about specific technical or financial details about the project:

- a. Name: David Brown
- b. Organization: Family Initiative
- c. Email: dbrown@fi-florida.org
- d. Phone #: (239)691-4517

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Michael Cusick
- b. Firm: Michael Cusick & Associates
- c. Email: mike@michaelcusick.com
- d. Phone #: (850)212-0626

9. Organization or Name of entity receiving funds:

- a. Name: Family Initiative
- b. County (County where funds are to be expended): Lee
- c. Service Area (Counties being served by the service(s) provided with funding): Charlotte, Collier, Glades, Hendry, Lee

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College

Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Funding will be used to increase capacity for clinical services and support services for families with a child diagnosed with an Autism Spectrum Disorder (ASD). The funding will help procure an Autism Navigator (detailed below) and support the development of a center designed to support holistic well-being through collaborations with multiple nonprofits and faith based partners under one roof.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	A portion of the funding will go to the salary of a specialized autism navigator. The autism navigator will be housed in the Southwest Florida Autism Center and will be a resource to families who have a child with an ASD diagnosis. The navigator will help link families with resources, physicians, and other community partners critical to their child's positive growth.	42,000

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	A portion of the funding will support first year operating costs associated with Southwest Florida Autism Center.	40,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	A smaller portion of the funds will support the renovation of the property to house the Southwest Florida Autism Center.	20,000
<b>TOTAL</b>		<b>102,000</b>

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

We have a letter of support from the Lee County School District, Director of Special Education expressing their partnership as well as letters of endorsement from autism providers in the community. Additionally we have support from the Southwest Florida Community

Foundation and Cape Coral Community Foundation. As a current provider in Lee County, we have overwhelming support for the launch of the center from many ASD families throughout Lee, Collier, Charlotte, Hendry, and Glades counties.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

? Additional capacity for ABA therapy, Speech therapy, Occupational therapy, & ancillary support services for the growing number of ASD families in Southwest Florida.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Services described above.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime

- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		

<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	By ensuring early diagnosis and immediate provision of services children are much more likely to achieve self sufficiency as they transition into adulthood through employment and independence.	Collecting data from children and families engaged by our program and tracking their outcomes as opposed to state and federal level information.
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Improved Outcomes for Individuals on the Autism Spectrum	1. Families are able to gain unique information regarding services and resources in the community. 2. All families who connect with the Autism Navigator and are eligible for Medicaid Waiver services apply and get on the wait list for services. 3. SWFL is recognized as a nationally progressive community supporting ASD families	1 This will be measured through surveys after contact with the families. We will assess if the Navigator provided information that was new and helpful to the family. We will also be able to assess if families are able to engage with these supports and services, troubleshooting any inefficiencies that currently exist and working to resolve them moving forward. 2 Verification of enrollment through APD 3 Host at least two multidisciplinary,

		collaborative events each year, sharing SWFL's efforts
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19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	102,000	63.7%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	58,000	36.3%	Yes
<b>TOTAL</b>	<b>160,000</b>	<b>100%</b>	

20. Is this a multi-year project requiring funding from the state for more than one year?

No