

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Easter Seals of Volusia and Flagler Counties - Autism Center of Excellence
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Thomas Leek
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. 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
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		100,000	100,000		100,000	100,000

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? No
 - 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.
nonpayment of funds and/or reduced payment of funds for monthly reporting period

6. Requester:

- a. Name: Bev Johnson
- b. Organization: Easter Seals of Volusia/Flagler
- c. Email: bjohnson@esnecfl.org
- d. Phone #: (386)944-7818

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

- a. Name: Bev Johnson
- b. Organization: Easter Seals of Volusia/Flagler
- c. Email: bjohnson@esnecfl.org
- d. Phone #: (386)944-7818

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Easter Seals of Volsuia/Flagler
- b. County (County where funds are to be expended): Flagler, Volusia
- c. Service Area (Counties being served by the service(s) provided with funding): Flagler, Volusia

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?

Autism Center of Excellence - Easterseals requests a specific appropriation of \$100,000 in the 2018-2019 budget for Early Diagnosis, Functional Assessment and Intervention treatments for children with autism spectrum disorder (ASD) who are underfunded or underinsured within the Northeast region of Florida.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?? 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 checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Administrative Cost Allocation	5,469
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salaries/Wages; Benefits	42,053
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Service contracts; Equipment lease/purchase;+ Insurance/ Maintenance/Repair; Postage; Supplies; Staff travel; Utilities; Maintenance; Misc	7,966
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Professional Fees (Independent contractor clinicians)	44,512
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

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)

N/A

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:

United Way Impact Grant funded agency - 2 years

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?

Easterseals Early Diagnosis and Functional Assessment Clinic, including individual therapy evaluations such as occupational therapy, speech/language therapy, physical therapy, and audiology. A clinical psychiatrist is engaged to meet directly with families and offer a definitive diagnosis and individualized treatment plan. Direct, evidence-based therapy interventions, including Applied Behavioral Analysis (ABA) and the PLAY Project (Play and Language for Autistic Youngsters), as well as case m

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

Early Diagnosis, Functional Assessment (including occupational , physical, speech/language and audiology evaluations) along with evidence-based interventions, case management and financial assistance to families struggling with ASD, autism spectrum disorder. Although there is NO known cure, Autism IS treatable, most especially with early diagnosis and appropriate interventions. Children and families diagnosed with autism can be successful and live meaningful lives! Definitive diagnosis and treat

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 checked="" type="checkbox"/> Improve physical health	60% of clients (benchmark for best practices) will be provided an autism spectrum disorder (ASD) diagnosis which will provide access to	Collect data on # of children diagnosed with ASD versus a non-ASD diagnosis.

	appropriate therapy interventions and diagnosis specific funding.	
<input checked="" type="checkbox"/> Improve mental health	80% of client parents/guardians will implement a plan of care that addresses behavior concerns.	Collect data to track parent compliance with the plan of care.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	90% of client parents will receive strategies and/or supports to improve the child's success and quality of their education	Collect data on the number of children provided with educational strategies and supports.
<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 type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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 type="checkbox"/> Other (Please describe):		

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:	100,000	38.5%	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:	112,200	43.1%	Yes
5. Other:	47,859	18.4%	Yes
TOTAL	260,059	100%	

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

No