



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1772

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

We are initiating a campaign to build a specialized sensory friendly recreation complex on The Els Center of Excellence campus that will include an aquatics center, splash pad, and gymnasium/cafeteria. The aquatic center is greatly needed to teach specialized water safety and swimming skills for drowning prevention. The gymnasium will 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. We hope that the gymnasium will also serve as a sensory friendly hurricane shelter for people with autism and their families. On any given day, we have over 350 people with autism on our campus. They know this space and they count on being in this space where they feel safe.

5. **State Agency to receive requested funds**

State Agency contacted?

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

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)	1,000,000	29%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	2,400,000	71%
Total Project Costs for Fiscal Year 2023-2024	3,400,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

Private donations, grants, and fundraising events.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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Yes

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

Approval and forgiveness of two rounds PPP loan totaling \$992,000.

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)?

No

c. What is the estimated start date of construction?

2025

d. What is the estimated completion date of construction?

12/01/2027

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.

Els for Autism a 501c3 is the owner of the facility run by the Board of Directors and Executive Director.

13. 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: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Planning and design of sensory friendly accessible gymnasium and pool; update architectural designs for complete recreation complex; begin initial permits process, conduct soil tests and other services needed to prepare for construction.	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

14. 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 planning and design 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 and aquatic center with swimming lanes, grated entrance, wheel chair access, aqua therapy area and pavilion; along side an indoor gymnasium with cafeteria that could serve as a sensory friendly specialized hurricane shelter for people with autism and their families.

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

Engagement with architectural firm to revise and finalize drawings and create construction documents for permitting. Focus groups and specialist in designing sensory friendly spaces to consult on specifications for aquatic center and gymnasium. Vet project managers and construction companies.

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. We hope that the gymnasium will also serve as a sensory friendly hurricane shelter for people with autism and their families. On any given day, we have over 350 people with autism on our campus. They know this space and they count on being in this space where 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 350 people with autism each day in addition to thousands served through telehealth services, virtual programs, 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 during shelter in place 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 during and following the shelter in place event.
3. Reduce barriers to participation in sports and fitness for people with autism that have sensitivities to extreme weather.
4. Reduce potential for drowning by providing specialized swim instruction and water safety in a custom designed pool with specialized curriculum.
5. Reduce stress and anxiety during shelter in place 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.

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?

If deliverables are not met due solely to Els for Autism, we will forgo 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, and/or appropriations.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information



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a. Organization

b. Municipality and County

c. Organization Type

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