



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** OaSN Autism Education Program

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 11/02/2017

4. **Project/Program Description:**

Currently there are wait lists that range from several months to 18 months in the five counties we serve to receive Applied Behavioral Analysis (ABA). This important therapy provides strategies that help the child to be able to manage problem behaviors and provides assistance with life and social skills. Sincere there is such a long wait for this important therapy, we are requesting funding for a team of specialists (behavior therapists, autism educators and other professionals) to provide seminars (with respite care provided) plus recommendations for parents, teachers and caregivers until families can get applied behavioral analysis set up in home or in a clinic. This program will help bridge the gap until the child (age 2-19) is off the wait list to receive needed ABA therapy paid for all or in part by insurance. AUTISM Education for BUSINESS-we have found a profound need for autism education targeted to businesses to help them understand the complex needs of individuals with autism.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Education

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

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
257,000		257,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 257,000

9. **Previous Year Funding Details:**



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- a. Has funding been provided in a previous state budget for this activity? No
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

### 10. Is future-year funding likely to be requested?

Yes

- a. If yes, indicate non-recurring amount per year.

Annually \$257,000.

### 11. Program Performance:

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

Education on autism and related issues for parents/guardians and caregivers of children on the autism spectrum, local businesses and individuals on the spectrum for autism.

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

Autism Education Seminars for Parents: OaSN will offer autism education seminars focusing on behavioral therapy, life and social skills principles. Autism education classes will be offered to parents of children on the autism spectrum offering helpful tools to aid in getting educational support for their child. Autism Education to the Community: Autism education and awareness advertising will educate the community about the needs of individuals with autism and what OaSN is offering to the community. Autism Education Seminars for Businesses: Autism education seminars offering helpful information about how to integrate adults on the spectrum into local businesses through paid and or volunteer positions. Educating local businesses about how to be more sensitive to the needs of individuals on the autism spectrum in retail, restaurants and community environments. Ongoing Autism Education Support: Assisting with needs that arise after receiving autism education.

- c. How will the funds be expended?



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Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Oversight of all Outreach autism services and activities	2,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Finance Director	3,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Office supplies & travel expenses	990
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Funding for a portion of services provided by Auditor, Finance/HR Director/Consultant	6,000
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Program Manager, Respite staff for children when parents are in education seminars	93,414
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Facilities, operations, insurance, equipment and advertising	132,096
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Funding for a portion of services provided by Auditor, Finance Director/Consultant	19,500
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		257,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

In the five counties we serve, educational seminars on behavioral strategies, how to get educational services and support needed for your child on the spectrum, integration of adults on the spectrum into paid and volunteer positions at area businesses, and sensory sensitivity information: how to best meet the needs of individuals with autism in area businesses. Assisting parents with preparation of a behavioral plan for their child on the spectrum until they have been approved for and have started receiving ABA services. Respite care



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services for children on the autism spectrum and their siblings while parents are in autism education seminars and ongoing support as needed for parents and local businesses.

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

Individuals on the autism spectrum, their parents/guardians and caregivers residing in the five counties we serve. Business owners with job openings that may be able to employ adults on the autism spectrum. Autism Awareness Education seminars to be offered to the general public - 1,200 people through 60 seminars; Education seminars to a minimum of 120 decision makers on providing appropriate support for adults with autism and offering behavioral strategy seminars to parents/guardians and caregivers.

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

Teaching basic ABA/behavioral principles to parents, helping parents develop behavioral plans until the child receives applied behavioral analysis therapy from an individual or agency, teaching parents how to get needed educational services and support, teaching business owners the value of hiring adults on the autism spectrum, teaching the general public what autism is and how to include individuals with autism of all ages in community activities. We will track attendance at all activities and collect evaluation forms at all seminars and/or events. We will also survey a sampling of clients 3 months after autism education seminar to determine how the information we provided was utilized.

**g. 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?**

Upon determining the agency is behind on deliverables, preparing and implementing a Corrective Action Plan. If that does not bring the agency to deliverable and performance standards provided for in the contract, lowering or removing our next funding request from consideration.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A

**13. Requestor Contact Information:**

- a. **Name:** Karen Vega, Exec Director
- b. **Organization:** Outreach autism Services Network
- c. **Email:** kvega@oasn.info
- d. **Phone Number:** (352)462-0168

**14. Recipient Contact Information:**

- a. **Organization:** Outreach autism Services Network
- b. **County:** Alachua, Citrus, Lake, Marion, Sumter
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)



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- Local Entity
- University or College
- Other (Please specify)

**d. Contact Name:** Karen Vega, Exec Director

**e. E-mail Address:** kvega@oasn.info

**f. Phone Number:** (352)462-0168

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**