



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Hope for Educational reform for kids with Physical Disabilities - No Limits Academy - Land for a education research facility

2. Senate Sponsor: Debbie Mayfield

3. Date of Submission: 01/09/2018

4. Project/Program Description:

Fund existing facility to meet the expanding needs in researching of the methodology we have created to reform educate for children with physical disabilities. We need to fund Research and Development of our HOLOS Method, continue to fund our emerging language communication to meet the needs of non-verbal children so they may interact with the curriculum. Expand the collaboration between medically based therapy and the ability for children with motor issues to interact with their educational environment. Lastly, to purchase land and create a research facility to collaborate across multi-disciplinary fields of neuro-development, neuro-science in education, philosophy, psychology and many more to become a BETA site for collaboration. No Limits Academy's sole purpose of educating children with physical disabilities with complexities through medical habilitation for the purpose of human potential and educational progress for this population of students.

5. State Agency Contacted? No

a. If yes, which state agency?

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

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
599,000	3,000,000	3,599,000

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): 3,599,000



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9. Previous Year Funding Details:

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

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

Yes, Unknown amount to be determined by demand.

11. Program Performance:

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

Create greater outcomes in education for children with physical disabilities which in turn creates greater progress in their ability to be productive members of society as they meet their human potential.

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

Education that produces growth in cognition in children with our HOLOS method of education. Providing medically based therapy services to produce better interaction with their educational environments.

- How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	To oversee the projected outcomes of the HOLOS	65,000



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	method and collect data	
<input checked="" type="checkbox"/> Other Salary and Benefits	Executive Assistant	34,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	EEG machine and specialist in EEG's. Dr. Olav Kingston	125,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Neruo-science consultant	80,000
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Standers, gait trainers, adapted bikes, adapted chairs, EEG Leads, travel for consultants	150,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	IT services, speech & language therapy for communication, physical and occupational therapy for children who do not have therapy services	145,000
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Land Acquisition for research facility	3,000,000
TOTAL		3,599,000

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

School for Children with physical disabilities, Therapy and special needs shelter

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

Special Needs population and about 3000 or more with the multi-purpose of the building.

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

We want to show the true human potential of children with physical disabilities to show that through alternative and innovative means with development and strategic partnerships with multi disciplines collaboration and research these children's true educational potential can be met and their potential shown. We want to provide a state of the art facility to produce a Global initiative to innovate and change the human potential of children with physical disabilities.



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- 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?**

Return any unused money

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.**

None

13. **Requestor Contact Information:**

- a. **Name:** Laura Joslin
- b. **Organization:** No Limits Academy
- c. **Email:** laura.Joslin@abilityplustherapy.com
- d. **Phone Number:** (321)255-6627

14. **Recipient Contact Information:**

- a. **Organization:** No Limits Academy
- b. **County:** Brevard
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Laura Joslin
- e. **E-mail Address:** laura.Joslin@abilityplustherapy.com
- f. **Phone Number:** (321)255-6627

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

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