

LFIR # 2110

``			
Senate Sponsor	Aaron Bean		
Date of Request	01/09/2020		
Project/Program	Description		
adults with autism spe	ort programs, including education, theral ectrum disorder and other developmental erve persons with developmental disabilit	disabilities. Provide training	g and technical support to Easterse
• •		ncy for Persons with [Disabilities
State Agency con	acted?	Voor 2020-2021	
Type of Fundin		Amount	
Operations	<u> </u>	1,728,000	
Fixed Capital Ou	ıtlay	000	
Total State Fun	ds Requested	1,728,000	
		, ,	
-	et for Fiscal Year 2020-2021 (in	cluding matching fu	
Type of Fundin	·		nds available for this proje Percentage 100.0 %
Type of Fundin	g s Requested (from question #6)	cluding matching fu	Percentage
Type of Funding	g s Requested (from question #6)	cluding matching fu	Percentage
Type of Funding Total State Funds Matching Funds Federal	g s Requested (from question #6)	cluding matching fu Amount 1728000	Percentage 100.0 %
Type of Funding Total State Funds Matching Funds Federal	g s Requested (from question #6)	Amount 1728000	Percentage 100.0 %
Type of Funding Total State Funds Matching Funds Federal State (excluding	g s Requested (from question #6)	Amount 1728000 00	Percentage 100.0 % 0 % 0 %
Type of Funding Total State Funds Matching Funds Federal State (excluding Local Other	s Requested (from question #6) the amount of this request)	Amount 1728000 00 00 00	Percentage 100.0 % 0 % 0 % 0 % 0 %
Type of Funding Total State Funds Matching Funds Federal State (excluding Local Other Total Project Co	g s Requested (from question #6)	Cluding matching fu Amount 1728000 00 00 00 1,728,000	Percentage 100.0 % 0 % 0 % 0 % 100 %
Type of Funding Total State Funds Matching Funds Federal State (excluding Local Other Total Project Collas this project	s Requested (from question #6) the amount of this request) osts for Fiscal Year 2020-2021	Cluding matching fu Amount 1728000 00 00 00 1,728,000	Percentage 100.0 % 0 % 0 % 0 % 100 %
Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Collas this project places, provide the	s Requested (from question #6) the amount of this request) pets for Fiscal Year 2020-2021 previously received state fund most recent instance: Amount	Cluding matching fu Amount 1728000 00 00 00 1,728,000 ing? Yes Spec	Percentage 100.0 % 0 % 0 % 0 % 100 %
Type of Funding Total State Funds Matching Funds Federal State (excluding Local Other Total Project Collas this project projec	s Requested (from question #6) the amount of this request) osts for Fiscal Year 2020-2021 oreviously received state fund most recent instance: Amount	Cluding matching fu Amount 1728000 00 00 00 1,728,000 ing? Yes • N	Percentage 100.0 % 0 % 0 % 0 % 100 %

If yes, indicate nonrecurring amount per year.



LFIR # 2110

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Clinic director salary and benefits	130,000
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	ner	
Salary and Benefits	Therapeutic Crisis Intervention Trainer salary and benefits 3 Board Certified Behavior Analysts salary and benefits 1 Board Certified Behavior Analyst Doctor salary and benefits 6 Registered Behavioral Technicians salary and benefits 4 Licensed Clinical Social Workers salary and benefits 3 Speech Language Therapists salary and benefits	1,300,000
Expense/Equipment/ Travel/Supplies/Other	14 days of training across agency Technology for staff data collection	258,000
Consultants/Contracted Services/Study	Head Start Trauma Smart Consultant	40,000
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	equested (must equal total from question #6)	1,728,000



LFIR # 2110

1	1		Program	Performance
---	---	--	---------	-------------

1.	Program Performance
a.	What specific purpose or goal will be achieved by the funds requested?
	Persons with developmental disabilities will obtain comprehensive trauma informed behavioral, case management, and therapy services.
b.	What activities and services will be provided to meet the intended purpose of these funds?
	Behavioral, social work, therapy, and case management services for persons with Autism Spectrum disorders and other developmental disabilities (DD). State wide technical support of best practice will be delivered to other DD providers throughout the state. Easterseals staff will receive comprehensive training in therapeutic crisis intervention, and head start trauma smart.
C.	What direct services will be provided to citizens by the appropriation project?
	Case management, social work, behavioral services, and therapy will be provided to children and adults with developmental disabilities.
d.	Who is the target population served by this project? How many individuals are expected to be served?
	Children and adults with Autism and developmental disabilities. 1200 clients will be served. Staff serving the above population. 250 staff will be trained statewide
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
	Reduction in maladaptive behaviors, increase in replacement behaviors, stabilization of families, reduction of mental illness symptoms. Data will be collected via data logs, therapy notes, and program outcome reports.
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 in the contract?
	Financial penalties for outcomes not obtained.



LFIR # 2110

N	/A			
Re	equestor Contact	t Information		
a.	First Name	Jacque	Last Name	Ruch
b.	Organization	Easterseals Southwest Florida		
C.	E-mail Address	jruch@easterseals-swfl.org		
d.	Phone Number	(941)355-7637	Ext.	
Re	ecipient Contact	Information		
a.	Organization	Easterseals Southwest Florida		
b.	Municipality and	County Manatee		
C.	Organization Typ	oe e		
	For-profit E	ntity		
	Non-Profit 5	501(c) (3)		
	O Non-Profit	501(c) (4)		
	Local Entity	•		
	O University of	or College		
	Other (plea	se specify)		
d.	First Name	Tom	Last Name	Waters
e.	E-mail Address	waters@easterseals-swfl.org		
	Phone Number			
Lc	obbyist Contact I	nformation		
	Name	Nicole Grangenalla		
	Firm Name	Colodny Fass		
	E-mail Address	ngragenalla@colodnyfass.com		
U.	L-mail Address	ingragerialia & colouriyiass.com		