



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** DNA Comprehensive Therapy Service's Comprehensive Care Model

2. **Senate Sponsor:** Lizbeth Benacquisto

3. **Date of Submission:** 12/05/2017

4. **Project/Program Description:**

Assist Autistic children and persons with developmental disabilities to acquire necessary and valuable skills in order to be functioning members of society.

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
1,000,000		1,000,000

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):** 1,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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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:		733,660	733,660

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

No

11. Program Performance:

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

Assist Autistic children and persons with developmental disabilities to acquire necessary and valuable skills in order to be functioning members of society

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

Speech Therapy, Occupational Therapy, Behavior Therapy, Mental Health

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Project manager, care coordinator, administrative assistant	150,000
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	SLP, SLPA, OT, OTA, BCBA, RBT, LCSW or LMHC, MD	679,640



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Occupancy costs, equipment costs, insurance, supplies	170,360
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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

Speech Therapy, Occupational Therapy, Behavior Therapy, Mental Health

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

Persons with poor mental health, Economically disadvantaged persons, At-risk youth, Developmentally disabled, Preschool students, Grade school students, 25- 50 individuals are expected to be served.

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

Goal: Improve physical health. Outcome: Motor skills, exercise. Method: Decreased doctor, ER, and Crisis Stabilization Unit visits, Pediatric Symptom Checklist. Goal: Improve mental health: Outcome: Learn to engage with other children and experience social acceptance. Establish appropriate and healthy peer relationships. Method: Behavior Assessment System for Children, Behavioral and Emotional Rating Scale, Symptom Checklist. Goal: Create specific immediate job opportunities. Outcome: Acquire skills such as eye contact, etc. Method: Appropriate job availabilities and subsequent hiring. Goal: Enhance economic self sufficiency. Outcome: Speech and behavioral therapy for pro-social behavior. Method: Self-sufficiency assessment tool. Goal: Reduce recidivism. Outcome: Self regulation promoting pro-social behaviors. Method: Establish baseline vs after program data. Goal: Divert from Criminal/Juvenile Justice system. Outcome: Communicate and build relationships. Method: Education.

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?

The agency's standard contract penalties are sufficient.

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: Jason Moon

b. Organization: DNA Comprehensive Therapy Services



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- c. **Email:** asonm@elitednatherapy.com
- d. **Phone Number:** (239)223-2751

14. Recipient Contact Information:

- a. **Organization:** DNA Comprehensive Therapy Services
- b. **County:** Collier, Lee
- 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:** Jason Moon
- e. **E-mail Address:** asonm@elitednatherapy.com
- f. **Phone Number:** (239)223-2751

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

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