1. **Title of Project**: South Florida Autism Center, Inc.
2. **Senate Sponsor**: Anitere Flores
3. **Date of Submission**: 03/04/2019
4. **Project/Program Description**: 
   South Florida Autism Center is committed to serving the demographic of individuals with Autism spectrum disorders (ASD) residing in South Florida with opportunities that address all their needs on one campus offering early intervention, educational, community outreach, respite, recreational, and vocational services. Programs are implemented utilizing science-based methodologies that can be replicated and serve as a model for autism intervention.
5. **State Agency to receive requested funds**: Agency for Persons with Disabilities
   State Agency Contacted? No
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>450,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>450,000</td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>450,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>450,000</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring Amount</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
</table>

9. **Is future-year funding likely to be requested?** No

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

<table>
<thead>
<tr>
<th>Spending Category Administrative Costs:</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and</td>
<td>Salary &amp; benefits for Executive Director.</td>
<td>50,000</td>
</tr>
</tbody>
</table>
11. Program Performance:

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

South Florida Autism Center is committed to serving the demographic of individuals with Autism spectrum disorders (ASD) residing in South Florida with opportunities that address all their needs on one campus offering early intervention, educational, community outreach, respite, recreational, and vocational services. Programs are implemented utilizing science-based methodologies that can be replicated and serve as a model for autism intervention.

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

Adult programs, early intervention, fitness center, out-of-school services, professional development, therapy clinic.

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

Adult day training, on-site job training, job placement, pre-kindergarten, fitness gym & fitness classes.

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

Pre-School, Grade School, and High School students. Over 800.

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

Improve physical health: Programs will include components that incorporate physical fitness for participants of all ages. Data collection, observation and participant survey. Improve mental health Program will include therapy services available to individuals of all ages. Data collection, observation and participant survey. Enrich cultural experience: Programs will include community based instruction and on/off site job training allowing participants to work in and around the community at large. Data collection, observation and participant survey.
Improve quality of education: Programs will provide professional development to local educators and families and caregivers, which will improve quality of education for individuals with Autism. Data collection, observation and participant survey.

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?

A corrective action plan.

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: Tamara Moodie
   b. Organization: South Florida Autism Center
   c. E-mail Address: drmoodie@sfa-center.org
   d. Phone Number: (786)350-5465

14. Recipient Contact Information:
   a. Organization: South Florida Autism Center
   b. County: Miami-Dade
   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: Tamara Moodie
   e. E-mail Address: drmoodie@sfa-center.org
   f. Phone Number: (786)350-5465

15. Lobbyist Contact Information
   a. Name: None
   b. Firm Name: None
   c. E-mail Address:
   d. Phone Number: