

LFIR # 2280

1. Project Title Hope Center for Autism

2. Senate Sponsor Gayle Harrell

3. Date of Request 01/09/2020

### 4. **Project/Program Description**

A 2018 report (JAMA) estimated the incidence of autism in Florida to be 1 in 21 for children 3 to 16 years old. Our schools & communities are not prepared to meet the diverse & intensive needs of this population effectively. The Hope Center for Autism is requesting funding support to purchase a building large enough to meet the increasing needs of people with autism of all ages and needs on the Treasure Coast. Currently, the Hope Center provides academic, social, language, behavioral & therapeutic supports for 48 children with autism in PK-6th as a public charter school within the Martin County School District. Hope supports the social & vocational needs of 98 teens & young adults with autism through our Next Step program. These supports don't come close to meeting the demands of our area. We currently have 60 children on our wait list for Pk-6th grade from Martin & St. Lucie. Our capital funding is provided on a per pupil basis which doesn't come close to the cost of a building.

5. State Agency to receive requested funds

Department of Education

State Agency contacted? • Yes • No

### 6. Amount of the Nonrecurring Request for Fiscal Year 2020-2021

| Type of Funding             | Amount    |  |
|-----------------------------|-----------|--|
| Operations                  | 000       |  |
| Fixed Capital Outlay        | 1,700,000 |  |
| Total State Funds Requested | 1,700,000 |  |

7. Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)

| Type of Funding                                | Amount    | Percentage |  |
|--|-----------|------------|--|
| Total State Funds Requested (from question #6) | 1700000   | 84.0 %     |  |
| Matching Funds                                 |           |            |  |
| Federal  | 00        | 0 %        |  |
| State (excluding the amount of this request)   | 21,998    | 1 %        |  |
| Local  | 300,000   | 15 %       |  |
| Other  | 00        | 0 %        |  |
| Total Project Costs for Fiscal Year 2020-2021  | 2,021,998 | 100 %      |  |

### 8. Has this project previously received state funding? • Yes • No

If yes, provide the most recent instance:

| Fiscal Year | Amount    |              | Specific        |        |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу)   | Recurring | Nonrecurring | Appropriation # | Vetoed |
|             |           |              |                 |        |

9. Is future-year funding likely to be requested? O Yes • No

If yes, indicate nonrecurring amount per year.

1,200,000



LFIR # 2280

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

| Spending Category  | Description  | Amount    |  |  |
|--|--|-----------|--|--|
| Administrative Costs:                                    |  |           |  |  |
| Executive Director/Project<br>Head Salary and Benefits   |  |           |  |  |
| Other Salary and Benefits                                |  |           |  |  |
| Expense/Equipment/<br>Travel/Supplies/Other              |  |           |  |  |
| Consultants/Contracted<br>Services/Study                 |  |           |  |  |
| Operational Costs: Oth                                   | er   |           |  |  |
| Salary and Benefits                                      |  |           |  |  |
| Expense/Equipment/<br>Travel/Supplies/Other              |  |           |  |  |
| Consultants/Contracted<br>Services/Study                 |  |           |  |  |
| Fixed Capital Construction/Major Renovation:             |  |           |  |  |
| Construction/Renovation/<br>Land/Planning<br>Engineering | Current lease (\$69707.00) +\$300,000 down payment on 17,000 square foot building + land mortgage (\$40,488 currently on the market to be sold - will not make money on this sale) Requesting 1.700,000 to purchase the building so fundraising, grants, federal education funding and donations can be used to support programming, renovations and materials to provide a range of supports meeting the needs of all people affected by autism in Martin and St. Lucie County. | 1,700,000 |  |  |
| Total State Funds Re                                     | quested (must equal total from question #6)  | 1,700,000 |  |  |



LFIR # 2280

#### 11. Program Performance

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

The mission of the Hope Center is to open doors for people with autism in our community. With the requested funding we will purchase a 17,000 square foot facility in Stuart, Florida that will provide the space needed to enroll an additional 50 students, provide a parent resource center with an assistive technology lending library for families, differentiated social and vocational support for teens and adults with autism, professional development for local educators and HOPE for people with autism to live a productive and limitless future.

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

The funding will purchase the building allowing donations, fundraising and grants to be used to support staffing costs (we have a ratio of 1 adult for every 3 students), create a sensory gym to support our students and other people with autism in our community, fund vocational services for adults who have not been successful or are not eligible for services, provide a safe and educational environment for adults with autism and support educators in our community who need instruction in the implementation of evidence based supports to help students in less restrictive settings in our community.

#### c. What direct services will be provided to citizens by the appropriation project?

The Hope Center provides direct services to people of all ages & needs who are affected by autism. Our public charter school provides instruction in the Florida standards & Access Points implemented within a system of continuous progress monitoring & supported by evidence based practices proven effective for students with autism. Hope also supports the social emotional and vocational learning needs of teens and adults through evidence based social skills instruction paired with generalization opportunities facilitated by adults with autism & supported by the staff of Hope. We also provide opportunities for parents to learn about the supports that will help them help their child outside of the school setting. Our staff promote awareness alongside adults with autism through a number of community events that provide education for the community in the abilities & needs of people with autism in our area. Direct support is also provided to area businesses who employ people with autism.

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

People affected by autism of all ages and stages of life are served through this project including their peers, teachers, family members and employers.

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

The mission of the Hope Center and goal of this project is to provide the supports, education and services needed for people with autism of all ages and needs to be independent and productive members of our community with the promise of a limitless future due to community awareness and supports provided on an ongoing basis. With the addition of a larger facility the impact of The Hope Center will expand beyond the current 146 children, teens and adults and families supported each year to more than 500 supported annually. Methodology includes evidence based social skills supports including the PEERS program from UCLA; evidence based supports for people with autism identified through the National Autism Center and evidence based supports to address communication, behavioral, emotional and cognitive deficits that are demonstrated by people with autism and related disabilities.

### 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?

Failure to meet the performance measure provided will result in a possible change of administration or staff, termination of the charter and/or an increase in outreach efforts throughout the community. In addition a re-evaluation of programming may be needed to determine if the approaches identified are meeting the needs of the community.



# 12. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

The Hope Center is a public charter school and a 501c 3 governed by the Board of Directors of The Hope Center. If the school charter is terminated the building will become the property of the Martin County School District.

#### 13. Requestor Contact Information

|     | a. | First Name                       | Joanne                           | Last Name | Sweazey |
|-----|----|----------------------------------|----------------------------------|-----------|---------|
|     | b. | Organization                     | The Hope Center for Autism, Inc. |           |         |
|     | C. | E-mail Address                   | jsweazey@hopecenterforautism.or  | g         |         |
|     | d. | Phone Number                     | (772)334-3288                    | Ext.      |         |
| 14. | Re | cipient Contact                  | Information                      |           |         |
|     |    | Organization                     | The Hope Center for Autism, Inc. |           |         |
|     |    | •                                |                                  |           |         |
|     | b. | Municipality and                 | County Martin                    |           |         |
|     | c. | Organization Typ                 | De                               |           |         |
|     |    | O For-profit E                   | ntity                            |           |         |
|     |    | Non-Profit 5                     | 501(c) (3)                       |           |         |
|     |    | O Non-Profit 5                   | 501(c) (4)                       |           |         |
|     |    | <ul> <li>Local Entity</li> </ul> | ,                                |           |         |
|     |    | O University o                   | or College                       |           |         |
|     |    | Other (please                    | se specify)                      |           |         |
|     | d. | First Name                       | Joanne                           | Last Name | Sweazey |
|     | e. | E-mail Address j                 | sweazey@hopecenterforautism.org  | 1         |         |
|     | f. | Phone Number                     | (772)3343288                     |           |         |
|     | _  |                                  |                                  |           |         |
| 15. | Lo | obbyist Contact I                | nformation                       |           |         |
|     | a. | Name                             | None                             |           |         |
|     | b. | Firm Name                        | None                             |           |         |
|     | c. | E-mail Address                   |                                  |           |         |
|     | d. | Phone Number                     |                                  | Ext.      |         |