

Fixed Capital Outlay

Total State Funds Requested

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 1646

300,000

1. Project Title	Nova Southeastern Univer with Autism/DD	rsity - Enha	inced Funding to Support	Individuals	
2. Senate Sponsor	Lauren Book				
3. Date of Request	11/30/2021				
4. Project/Program De	escription				
communication diffic and service provider services include pub community organiza	provide direct and indirect suppulties. Direct services will incire; and visual support tools followed awareness tions. Vided by using community suppulse.	lude specia r communi building e	alized assessments for as cation, self-regulation, bel vents, and technical assis	sistive technolo havior and inde tance to school	ogy; training for familie pendence. Indirect ls, health care and
5. State Agency to red	ceive requested funds	Departme	nt of Education		
State Agency conta	ncted? No				
6. Amount of the Noni	recurring Request for Fisca	l Year 202	2-2023		
Type of Funding			Amount		
Operations				300,000	

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	300,000	100%

8. Has this project previously received state funding?

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

9. Is future funding likely to be requested?

Yes

No

a. If yes, indicate nonrecurring amount per year.

300,000

b. Describe the source of funding that can be used in lieu of state funding.

NSU currently receives funding as a subcontractor to University of Miami through the CARD system. These requested funds are to enhance the services provided through that network.



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10. H	las	s t	he	er	ntit	y re	eqι	les	ting	g t	his	pr	Όje	ect	re	cei	ved	lan	y f	ed	era	l ass	sis	tar	nce	re	late	d	to 1	he	C	O۷	/ID)-19	9 p	anc	lem	ic?	?
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V	
Yes	

If yes, indicate the amount of funds received and what the funds were used for.

NSU received \$17,854,287 from HEERF I, II and III that was for direct student aid; NSU received \$22,089,642 from HEERF I, II and III that was for institutional aid; NSU received \$2,980,489 from HEERF I, II and III as a minority serving institution; NSU received \$194,222 for telehealth; NSU received \$4,410,023 from the CDC to study the long term health effects on persons who contracted COVID.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Professional staff to provide project management and supervise the activities of the extenders	100,000
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study	Funds will be used to pay for community support extenders to enhance the capacity of the NSU Speech Language Pathology program, including the NSU Card Center housed in that department	200,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	300,000

12. Program Performance

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

To enhance the services provided to individuals who have autism or developmental disabilities and improve and increase the available service currently available.

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

Funds will be used to develop a Community Support Extender program to enhance the existing services provided through NSU's CARD center. Their their support, enhanced services can be offered across the lifespan allowing for continuity of care.

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

Specialized assessments for augmentative and alternative communication (AAC) Parent training to support language development Training on AAC and other assistive technology

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

Persons with developmental disabilities, physical disabilities, pre-K to university students and families of individuals with developmental disabilities



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

- Improved physical and mental health of individuals with developmental disabilities
 Improved access to appropriation educational programs and services for students with disabilities
 Improved ability for persons with disabilities to access workplace supports and services
 Increased knowledge and skills for Speech Language Pathology graduates to prepare to serve children and adults with developmental 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 the contract?
Return of funds to the state.

relationship between the owners of the facility and the entity.	•	•	J	
N/Δ				

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13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the



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14.	Requestor Contact	Informati	ion									
	a. First Name	George		Last Name	Hanbury							
	b. Organization	Nova Sou	Nova Southeastern University									
	c. E-mail Address	hanbury@	anbury@nova.edu									
	d. Phone Number	(954)262	954)262-7575 Ext .									
15.	15. Recipient Contact Information											
	a. Organization	Nova Sou	ıtheastern Unive	rsity								
	b. Municipality and	I County	County Broward									
	c. Organization Type											
	□For Profit Entity											
	☑Non Profit 501(c	501(c)(3)										
	□Non Profit 501(c	c)(4)										
	□Local Entity											
	□University or Co	llege										
	□Other (please sp	ecify)										
	d. First Name	George		Last Name	Hanbury							
	e. E-mail Address	hanbury@	nova.edu									
	f. Phone Number											
16.	Lobbyist Contact I	nformatio	n									
	a. Name	Mathew I	Forrest									
	b. Firm Name	Ballard P	artners									
	c. E-mail Address	mat@bal	lardpartners.com	1								
	d. Phone Number	(561)253	-3232									