

LFIR # 2620

1 Project Title	Santiago & Eric	nde North Provers	4		
1. Project Title	Sanuago & Frie	nds North Brevard	J.		
2. Senate Sponsor	Jason Brodeur				
3. Date of Request	01/25/2022				
4. Project/Program De	escription				
sensitive manner. For child and be a major	ocusing primarily or r component of thei	n ABA Therapies, ir therapy program	or families touched by a Santiago & Friends er n. This is achieved thro I will allow Santiago &	npowers parents to lugh applied behavio	be the voice for their
5. State Agency to re	ceive requested fu	unds Agenc	y for Persons with Disa	abilities	
State Agency conta	acted? No				
6. Amount of the Non	recurring Request	for Fiscal Year	2022-2023		7
Type of Funding			Am	ount	1
Operations				300,000	
Fixed Capital Outlay				300,000	
Total State Funds I	Requested			300,000	1
7. Total Project Cost f	or Fiscal Year 202	22-2023 (includin	g matching funds ava	ailable for this proj	ect)
Type of Funding			Amount	Percentage	
Total State Funds R	equested (from que	estion #6)	300,000	50%	
Matching Funds					1
Federal			0		7
State (excluding the	amount of this req	uest)	0		7
Local			200,000		1
Other	for Figure Vegr 2	022 2022	300,000		1
<b>Total Project Costs</b>	s for Fiscal Tear 2	022-2023	600,000	100%	ı
8. Has this project pro	eviously received	state funding?	No		
Fiscal Year	Am	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		<u> </u>
9. Is future funding lil	kely to be request	ed?	No		_
a. If yes, indicate n	onrecurring amou	ınt per year.			
b. Describe the sou	urce of funding th	at can be used in	n lieu of state funding	I.	
				,	7
					]
10. Has the entity req	uesting this proje	ct received any f	ederal assistance rel	ated to the COVID-	·19 pandemic?
Yes					
	amount of funds	roccived and and	ot the fundamen	ad for	
ir yes, indicate the	amount of funds	received and wh	at the funds were us	eu for.	



LFIR # 2620

PPP dollars to keep employees employed during 2020.

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

Spending Category	Description	Amount					
Administrative Costs:							
Executive Director/Project Head Salary and Benefits	BCBA Clinic Director	80,000					
Other Salary and Benefits	Parent Navigator / Intake	37,500					
Expense/Equipment/Travel/Supplies/ Other	Occupancy costs, supplies, computers, office equipment, insurance	25,000					
Consultants/Contracted Services/Study	0						
Operational Costs: Other	Operational Costs: Other						
Salary and Benefits	Registered Behavior Technicians	100,000					
Expense/Equipment/Travel/Supplies/Other	Therapeutic items, communication devices, testing materials, ABA materials, therapeutic furniture/equipment	57,500					
Consultants/Contracted Services/Study		0					
Fixed Capital Construction/Major 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?

Therapeutic items, communication devices, testing materials, ABA materials, therapeutic furniture/equipment

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

Funding will be used to replicate the organization's highly successful model of autism services in North Brevard. These services will include Behavior Analysis, Wrap-Around Support Services.

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

Behavior Analysis, Wrap-Around Support Services

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

Underserved residents of North Brevard with Autism. We anticipate 25-50 children.

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

Benefit: Improve physical health

Outcome: Fine motor skills, use of bathroom, gross motor skills, age-appropriate exercise, increase physical activity with

beers.

Methodology: Decreased doctor visits, decreased ER visits, decreased visits to the Crisis Stabilization Unit

Benefit: Improve mental health

Outcome: Help children develop necessary skills to establish healthy, age appropriate peer relationships

Methodology: Behavior assessment system for Children, Behavioral and Emotional Rating Scale, Pediatric Symptom

Checklist

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?



LFIR # 2620

Standard p		penalties	enalties					

١3.	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.	

N/A		



LFIR # 2620

14.	14. Requestor Contact Information								
	a. First Name	Marucci Last Name Guzman							
	b. Organization	Latino Leadership, Inc.							
	c. E-mail Address	marucci@	marucci@latino-leadership.org						
	d. Phone Number	d. Phone Number (407)968-0062 Ext.							
15.	Recipient Contact	Informatio	on						
	a. Organization	Latino Le	adership, Inc.						
	b. Municipality and County Brevard								
	c. Organization Ty	ре							
	□For Profit Entity								
	☑Non Profit 501(c	01(c)(3)							
	□Non Profit 501(c)(4)								
	□Local Entity								
	☐University or College								
	□Other (please sp	ecify)							
	d. First Name	Marucci		Last Name	Guzman				
	e. E-mail Address								
	f. Phone Number	(407)968-0062							
16	16. Lobbyist Contact Information								
	a. Name	Jonathan P. Kilman							
	b. Firm Name	Converge Government Affairs of Florida, Inc.							
	c. E-mail Address	jonathan@convergegov.com							
	d. Phone Number	(305)423-4131							