

LFIR # 1578

| 1. Project Title  | Tree of Knowledge: Jewish S<br>Learning Center  | Student  | s With Autism and Sp  | ecial Needs   |  |
|---|---|--|---|---|--|
| 2. Senate Sponsor   | Alexis Calatayud  |  |   |   |  |
| 3. Date of Request  | 11/06/2023  |  |   |   |  |
| 4. Project/Program De   | escription  |  |   |   |  |
| approved Title 1 pro-<br>creation and implem<br>special needs at the<br>consist of certified ec<br>co-plan, co-instruct a<br>instruction. The core<br>studies have docume | has 15+ years of experience edvider of academic support servi-<br>entation of ESE enrichment sup<br>Landow/Chabad Educational C<br>ducation professionals (trained,<br>and co-assess students who are<br>curriculum will consist of readinented improved educational, de<br>ovided with specialized support | ces in F<br>poort cla<br>enter n<br>provide<br>e eligible<br>ng, mat<br>velopm | L, NJ, and OH. This a<br>assrooms dedicated s<br>etwork of schools in S<br>ed, and supervised by<br>e for special educatio<br>h, language arts, and | appropriation, if fun<br>specifically to stude<br>South Florida. Each<br>Tree of Knowledg<br>n services outside<br>ESOL (when appro | ded, will support the nts with autism and support classroom will be) who collaboratively of the usual course of opriate). Numerous |
| 5. State Agency to rec  | eive requested funds  | epartme  | ent of Education  |   |  |
| State Agency conta  | cted? Yes   |  |   |   |  |
| 6. Amount of the Nonr   | ecurring Request for Fiscal Y   | ear 20   | 24-2025   |   |  |
| Type of Funding   |   |  | Amo   | unt   |  |
| Operations  |   |  | 500,000   |   |  |
| Fixed Capital Outlay  |   |  |   | 0   |  |
| Total State Funds F   |   |  |   | 500,000   |  |
|   |   |  |   | ·   | •  |
| 7. Total Project Cost fo  | or Fiscal Year 2024-2025 (incl  | uding I  | matching funds avai   | lable for this proj   | ect)   |
| Type of Funding   |   |  | Amount  | Percentage  |  |
| Total State Funds Re  | equested (from question #6)   |  | 500,000   | 50%   |  |
| Matching Funds  |   |  |   |   |  |
| Federal   |   |  | 0   | 0%  |  |
| State (excluding the  | amount of this request)   |  | 0   | 0%  |  |
| Local   |   |  | 0   | 0%  |  |
| Other   |   |  | 500,000   | 50%   |  |
| <b>Total Project Costs</b>  | for Fiscal Year 2024-2025   |  | 1,000,000   | 100%  |  |
| 8. Has this project pre   | eviously received state funding   | ıg?  | No  |   |  |
| Fiscal Year   | Amount  |  | Specific  | Vetoed  |  |
| (уууу-уу)   | Recurring Nonrecu   | rring  | Appropriation #   |   |  |
|   |   |  |   |   |  |
| 9. Is future funding lik  | ely to be requested?  |  | No  |   |  |
| a. If yes, indicate no  | onrecurring amount per year.  |  |   |   |  |
| -   | rce of funding that can be us   |  | eu of state funding   |   |  |
| 3. 2000. IDO tilo 300   |   | III II   | on oraco ramaning.  |   | ]  |
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| io. has the entity requesting this p                                    | roject received any rederal assistance related to the COVID-19   | pandemic?     |
|---|--|---------------|
| Yes   |  |               |
| If yes, indicate the amount of fu                                       | nds received and what the funds were used for.   |               |
| 2 rounds of PPP loans to cover pa<br>EIDL loan in the amount of \$150,0 | ayroll expenses in the amounts of \$702,712 and \$831,540; and 00.                                     |               |
| Complete questions 11 a   | nd 12 for Fixed Capital Outlay Projects  |               |
| 11. Status of Construction  |  |               |
| a. What is the current phase of tl                                      | he project?  |               |
| O Planning O Design   | O Construction N/A   |               |
| b. Is the project "shovel ready" (                                      | i.e permitted)?  |               |
| c. What is the estimated start da                                       | te of construction?  |               |
| d. What is the estimated complet  | tion date of construction?   |               |
| 12. List the owners of the facility to relationship between the owner   | o receive, directly or indirectly, any fixed capital outlay funding rs of the facility and the entity. | . Include the |
|   |  |               |
| 13. Details on how the requested st                                     | ate funds will be expended   |               |
| Spending Category   | Description  | Amount        |
| Administrative Costs:   |  |               |
| Executive Director/Project Head Salary and Benefits                     |  | (             |
| Other Salary and Benefits   |  | (             |
| Expense/Equipment/Travel/Supplies/<br>Other                             | Professional development costs.  | 10,000        |
| Companies /Companies d  |  | i             |

| Administrative Costs:                               |  |         |
|---|--|---------|
| Executive Director/Project Head Salary and Benefits |  | 0       |
| Other Salary and Benefits                           |  | 0       |
| Expense/Equipment/Travel/Supplies/Other             | Professional development costs.  | 10,000  |
| Consultants/Contracted<br>Services/Study            |  | 0       |
| Operational Costs: Other                            |  |         |
| Salary and Benefits                                 | Tree of Knowledge will provide a supervisor who shall oversee the in class professional staff for a minimum of three hours per week. Supervision will include, but is not limited to classroom observations, classroom support, modifications, profess monitoring, and guiding instructional staff. Supervisor has a Masters in Special Ed and is FDOE certified as a teacher of students with disabilities.             | 30,000  |
| Expense/Equipment/Travel/Supplies/<br>Other         | Program materials and supplies, including specialized instructional/curriculum materials and online per student learning software subscription costs.  | 40,000  |
| Consultants/Contracted<br>Services/Study            | Cost to employ learning center professionals. This includes special education teachers, teacher aides (paraprofessionals), Board Certified Behavior Analysts (BCBA), and speech therapists. Learning center professionals will provide additive support and instruction to the program's ESE students multiple days each week, dependent on school schedule and hours, with data collection to monitor student progress. | 420,000 |



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| Fixed Capital Construction/Major Renovation:                    |  |         |  |
|---|--|---------|--|
| Construction/Renovation/Land/<br>Planning Engineering           |  | 0       |  |
| Total State Funds Requested (must equal total from question #6) |  | 500,000 |  |

## 14. Program Performance

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

The creation and implementation of ESE support classrooms dedicated specifically to students with autism and special needs at the Landow/Chabad Educational Center network of schools in South Florida. Each classroom will consist of certified education professionals (trained, provided, and supervised by Tree of Knowledge) who collaboratively co-plan, co-instruct and co-assess students who are eligible for special education services. The core curriculum will consist of reading, math, language arts, and ESOL (when appropriate).

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

Assist the general education teacher in understanding the strengths and weaknesses of classified students; Co-plan with the general education teacher to assure that objectives, materials, and instructional processes are appropriate for all students Develop alternative forms of assignments and tests; Deliver instruction using alternate instructional strategies to meet individual student needs, etc.

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

Deliver instruction using alternate instructional strategies to meet individual needs of students; Develop and implement classroom and individual behavior management strategies with the general education teacher; Facilitate inclusion of classified students in general classroom; Monitor student's progress toward service plan goals and objectives through data collection, etc.

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

Tree of Knowledge has 15+ years of experience educating 50,000+ students with autism and special needs, and is an approved Title 1 provider of academic support services in FL, NJ, and OH. This appropriation, if funded, will support the creation and implementation of ESE enrichment support classrooms dedicated specifically to students with autism and special needs at the Landow/Chabad Educational Center network of schools in South Florida. Approximately 101-200 students.

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

This program is in line and supporting the stated mission of FDOE, which has engaged in efforts throughout the state designed to strengthen the quality and variety of services for ESE students. Numerous studies have documented improved educational, developmental, and social outcomes when students with autism and special needs are provided with additional, and specialized, ESE support, especially in the primary (K-8) grade levels.

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?

Failure to meet deliverables, without notification of good reasoning, will result in financial penalties as described in contract.

| 15 Requester Contact Info | rmation |
|---------------------------|---------|

| a. First Name     | Nicky                         | Last Name | Salfer |
|-------------------|-------------------------------|-----------|--------|
| b. Organization   | (216) 233-0064                |           |        |
| c. E-mail Address | nsalfer@learningtreemiami.com |           |        |
| d. Phone Number   | (216)233-0064                 | Ext.      |        |



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| 16. Recipient Contact            | Information                   |           |        |  |
|----------------------------------|-------------------------------|-----------|--------|--|
| a. Organization (216) 233-0064   |                               |           |        |  |
| b. Municipality and              | d County Miami-Dade           |           |        |  |
| c. Organization Ty               | ре                            |           |        |  |
| □For Profit Entity               |                               |           |        |  |
| ☑Non Profit 501(c                | e)(3)                         |           |        |  |
| □Non Profit 501(c                | 2)(4)                         |           |        |  |
| □Local Entity                    |                               |           |        |  |
| □University or Co                | llege                         |           |        |  |
| □Other (please sp                | pecify)                       |           |        |  |
| d. First Name                    | Nicky                         | Last Name | Salfer |  |
| e. E-mail Address                | nsalfer@learningtreemiami.com |           |        |  |
| f. Phone Number                  | (216)233-0064                 |           |        |  |
| 17. Lobbyist Contact Information |                               |           |        |  |
| a. Name                          | Matt Spritz                   |           |        |  |
| b. Firm Name                     | The Spritz Group              |           |        |  |
| c. E-mail Address                | spritz@thespritzgroup.com     | m         |        |  |
| d. Phone Number                  | (954)612-2185                 |           |        |  |