

LFIR # 1714

1. Project Title South Florida Autism Center	
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2. Senate Sponsor Bryan Avila

3. Date of Request	11/07/2023
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# 4. Project/Program Description

Request for \$500,000 in funding for the building of the 30,000 square foot South Florida Autism Center (the total cost of the project is \$9,000,000). The Center Building will be located adjacent to the 15-year-old South Florida Autism Charter School (sfacs.org), the nation's preeminent institution for teaching children and young adults on the more impacted end of the autism spectrum. The Center building will serve the needs of adults as they age out of SFACS at age 22, plus serve the needs of other individuals in the two-county autism community. The building will house: OT, PT, Speech, Life Skills, Job Training, Mental Health Services, early childhood education and partnerships with local universities (research and teacher training).

#### 5. State Agency to receive requested funds

Department of Education

State Agency contacted? No

# 6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	500,000
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	500,000	6%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	0	0%	
Other	8,500,000	94%	
Total Project Costs for Fiscal Year 2024-2025	9,000,000	100%	

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

Ν	0	

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

# 9. Is future funding likely to be requested?

No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be use	ed in lieu of state funding.
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



Yes

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

Yes, the Center was the recipient of PPP funding in the amount of \$38,800 which was used to retain staff during the COVID-19 pandemic.

# **Complete questions 11 and 12 for Fixed Capital Outlay Projects**

# **11. Status of Construction**

a. What is the current phase of the project?

Planning O Design O Construction N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

South Florida Autism Center, Inc, a nonprofit 501(c)(3) will be the recipient of potential funding and the owner of the property.

Yes

11/15/23

12/31/24

# 13. 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		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	30,000 Square Ft Building for South Florida Autism Center	500,000
Total State Funds Requested (m	nust equal total from question #6)	500,000

#### 14. Program Performance

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

100% of the funding will be utilized for the construction of the 30,000 square foot South Florida Autism Center.

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



The Center building will serve the needs of adults as they age out of SFACS at age 22, plus serve the needs of other individuals in the two-county autism community. The building will house: OT, PT, Speech, Life Skills, Job Training, Mental Health Services, early childhood education, and partnerships with local universities.

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

The Center building will serve the needs of adults as they age out of SFACS at age 22, plus serve the needs of other individuals in the two-county autism community. The building will house: OT, PT, Speech, Life Skills, Job Training, Mental Health Services, early childhood education, and partnerships with local universities.

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

There are over 16,000 families served by the local Center for Autism and Related Disabilities (UM-NSU CARD) which could benefit from the services to be provided by the Center. The CDC currently estimates that 1-in-36 children are on the autism spectrum. Multiplying this ratio by the 4.68 million residents in Miami-Dade and Broward combined, suggest that the future autism population will be at least 130,000 individuals.

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

#### be measured?

The Center will serve hundreds of adults on the autism spectum on an annual basis. The metrics to be measured will be participation / services provided for each of the Center's primary functions: OT. PT, Speech, Life Skills and Mental Health Services. Partnerships with universities for medical, emotional and student teacher training housed at the Center will also be captured in terms of numbers of participants and institutions.

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?

All construction of the approximately 30,000 square foot South Florida Autism Center building will be completed no later than 6/30/25. Failure to meet this completion goal will result in a full reimbursement of funds to the State / Agency.

#### **15. Requester Contact Information**

a. First Name	Jose	Last Name	Mir
b. Organization	South Florida Autism Cen School	ter / South F	lorida Autism Charter
c. E-mail Address	jlmir21@gmail.com		
d. Phone Number	(954)256-4350	Ext.	

#### **16. Recipient Contact Information**

a. Organization South Florida Autism Center

b. Municipality and County Miami-Dade

#### c. Organization Type

□For Profit Entity

☑Non Profit 501(c)(3)

□Non Profit 501(c)(4)

□Local Entity

□University or College



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□Other (please sp	becify)			
d. First Name	Glenn	Last Name	Pierce	
e. E-mail Address	gpierce@sfacs.org			
f. Phone Number	(954)892-0687			
17. Lobbyist Contact I	nformation			
a. Name	None			
b. Firm Name				
c. E-mail Address				
d. Phone Number				