

The Florida Senate **Local Funding Initiative Request Fiscal Year 2024-2025**

LFIR #3159

1. Project Title	Capstone Adaptive Learnand Services Expansion	ning and Therapy Centers - Critical Infrastructure
2. Senate Sponsor	Doug Broxson	
3. Date of Request	12/11/2023	
/ Project/Program D	escription	

4. Project/Program Description

Critical infrastructure for the only Early Childhood ESE Public Charter in North Florida, reduction of 6 month waitlist for speech therapy, increase capacity for early childhood special needs education and therapy, critical infrastructure for Milton Childcare Center, VPK, and future special needs after-school program building in Milton, ADT, Skills Training Center, Tech Center.

5. State Agency to receive rec	uested funds	Department of Education
State Agency contacted?	Yes	

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

Type of Funding	Amount
Operations	635,000
Fixed Capital Outlay	250,000
Total State Funds Requested	885,000

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)	885,000	82%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	200,000	18%
Total Project Costs for Fiscal Year 2024-2025	1,085,000	100%

8. Has this project previously received state funding?

Yes

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2023-24		500,000	243A	No

9. Is future funding likely to be requested?	Yes
a. If yes, indicate nonrecurring amount per year.	400,000

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

no funding in lieu of Appropriations Project for this specific project. Working to attain grant writer to diversify funding sources.

10.	Has t	the entity	y rec	uesting	g this	pro	ject	receive	d any	, fec	deral	assi	istand	ce r	elate	d to	th (e C	0	/ID	-19) pan	demi	ic?
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Nο		
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11. Status of Construction

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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the current phase of the project?										
Planning	O Design	Construction	O 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?

10/01/2025

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.

Capstone Adaptive Learning and Therapy Centers, Inc.

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	Additional teachers, teachers aides, speech therapy and other therapy staff; retention and recruitment incentives program for educational, training, therapeutic, and care staff.	595,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Grants Consultant/Writer, Non-profit consultant for financial optimization, community partner campaign.	40,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Critical infrastructure for schools, childcare center, developing after- school program building, technical training centers. Including, but not limited to: porticoes, roofing, venting/ceiling. plumbing, adaptive infrastructure, painting, and other critical infrastructure needs.	250,000
Total State Funds Requested (m	ust equal total from question #6)	885,000

14. Program Performance

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



□Local Entity

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

80% of children with delays or at risk for delays who attend Capstone Academy in early childhood go on to a regular kindergarten or elementary school. Reduce 6 month waitlist for child speech therapy, increase capacity of Capstone Academy, improve community resources for education, care, and respite.

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

VPK, Early Childhood ESE Education, childcare, after-school program, technical training, ADT, job-skills, disabilities therapeutic services for children with special needs.

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

Around 800 individuals are expected to be served. These are children with special needs, ranging from preschool students, grade school students, to high school students. Persons with poor mental health, poor physical health, jobless persons, economically disadvantaged, at-risk youth, developmentally disabled, physically disabled, and victims of crime.

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

This project is expected to benefit children with special needs, their families, and the overall community by improving the physical health, mental health, quality of education, protecting the general public from harm, increasing or improving economic activity, creating specific immediate job opportunities, and enhancing specific individual's economic self sufficiency. Capstone will report all data to the Agency.

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?

	Funds reduced, delayed, or revert to State.									
15.	Requester Contac	t Information								
	a. First Name	Dr. Sherry		Last Name	White					
	b. Organization	Capstone Adap	tive Learn	ing and Ther	apy Cent	ters, Inc.				
	c. E-mail Address	swhite@capstor	white@capstoneadaptivelearning.org							
	d. Phone Number	(850)572-1859		Ext.						
16.	Recipient Contact	Information								
	a. Organization	Capstone Adap Centers, Inc.	Capstone Adaptive Learning and Therapy Centers, Inc.							
	b. Municipality and	d County Esca	mbia							
(c. Organization Ty	pe								
	□For Profit Entity									
	☑Non Profit 501(c)(3)									
	□Non Profit 501(d	c)(4)								



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□University or College				
□Other (please specify)				
d. First Name	Dr. Sherry	Last Name	White	
e. E-mail Address	swhite@capstoneadaptivelearning.org			
f. Phone Number	(850)572-1859			
17. Lobbyist Contact Information				
a. Name	Andrea Kristin Gheen			
b. Firm Name	PinPoint Results LLC			
c. E-mail Address	andrea@pinpointresults.c	om		
d. Phone Number	(213)610-7164			