



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3283

- 1. Project Title
- 2. Senate Sponsor
- 3. Date of Request

**4. Project/Program Description**

The goal of the Comprehensive Care Model ('CCM') is to provide an interdisciplinary team of professionals who can provide a comprehensive treatment approach for children with Autism Spectrum Disorder. The specific combination of therapies will depend on the specific child's deficits. Likewise, the specific areas of impairment will inform the clinical approach and most appropriate team to provide treatments.

services.

Some individuals with Autism Spectrum Disorder have difficulties associated with changes in routine or changes in environments, and often have a need for predictability. Regardless of which services a client receives, he/she will be familiar with the staff and environment at DNA Comprehensive Therapy.

- 5. State Agency to receive requested funds
- State Agency contacted?  Yes

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

Type of Funding	Amount
Operations	1,967,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,967,000</b>

**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)	1,967,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>1,967,000</b>	<b>100%</b>

- 8. Has this project previously received state funding?  Yes

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23				No

- 9. Is future funding likely to be requested?  Yes
  - a. If yes, indicate nonrecurring amount per year.
  - b. Describe the source of funding that can be used 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.

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

11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  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.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Project Lead	75,000
Other Salary and Benefits	Care Coordinator	54,000
Expense/Equipment/Travel/Supplies/Other	Occupancy costs, supplies, testing equipment, computers, office equipment	151,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Therapists, BCBA, BCABA, RBT's, OT, OTA's, SLP, and SLPA's. Psychiatrist, Medical Assistant	1,674,500
Expense/Equipment/Travel/Supplies/Other	Travel, assessments, supplies.	12,500
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,967,000</b>

14. Program Performance

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



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Participants will acquire many necessary and valuable skills that will provide immediate job opportunities that would otherwise be unavailable to them. Eye contact, communication, self regulations.

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

Counseling, Psychiatry, Occupational Therapy, Speech Therapy, Behavior Analysis.

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

Counseling, Psychiatry, Occupational Therapy, Speech Therapy, Behavior Analysis.

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

Children with Autism Spectrum Disorder. Approximately 85.

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

Help children develop necessary skills to establish healthy, age appropriate peer relationships. Learn to engage with other children and experience social acceptance.  
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?**

Financial Penalties.

**15. Requester Contact Information**

**a. First Name**  **Last Name**   
**b. Organization**   
**c. E-mail Address**   
**d. Phone Number**  **Ext.**

**16. Recipient Contact Information**

**a. Organization**   
**b. Municipality and County**

**c. Organization Type**

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

**d. First Name**  **Last Name**



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e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number