

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

LFIR # 3420

	nonrecurring amount per year. Survive of funding that can be used	in lieu of state funding.		
•	•			
	kely to be requested?	No		
Fiscal Year (уууу-уу)	Amount Recurring Nonrecurrin	Specific Appropriation #	Vetoed	
	eviously received state funding?	No		
Total Project Cost	s for Fiscal Year 2024-2025	500,000	100%	
Other		0	0%	
Local	,7	0	0%	
	amount of this request)	0	0%	
Federal		0	0%	
Total State Funds F Matching Funds	Requested (from question #6)	500,000	100%	
Type of Funding	Assurant ad (from a section 110)	Amount	Percentage	
7. Total Project Cost	for Fiscal Year 2024-2025 (includi	ng matching funds avai	lable for this proje	ect)
Total State Funds	Requested		500,000	
Fixed Capital Outla	/		0	
Operations		7.010	500,000	
Type of Funding		Amo	unt	
State Agency conta	acted? No recurring Request for Fiscal Year	· 2024-2025		
5. State Agency to re	ceive requested funds Agen	cy for Persons with Disab	oilities	
screenings and other Florida in times of e specifically designe	ers will serve children and families in er Applies Behavioral Analysis servion mergencies to provide assistance to dition to be a cooled space to help eation of sensor bags that have imposed to the contract of the cont	ces. The trailers will also children and families in calm and regulate childre	be deployed to area the ASD community on in time distress. A	as around the State of y. The trailers will be Additionally, the project
4. Project/Program D	escription			
3. Date of Request	01/09/2024			
2. Senate Sponsor	Jonathan Martin			
1. Project Title	Emergency Response Sensory	Support Stations		



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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

Status of Construct a. What is the cu		he project?				
Planning	O Design	Construction	∙ N/A			
b. Is the project	"shovel ready" (i.e permitted)?				
c. What is the es	timated start da	te of construction?				
d. What is the es	timated comple	tion date of constru	ction?			
		o receive, directly or rs of the facility and		ipital outlay	funding. Inclu	ıde the

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	To pay for a Master clinical /masters level student and Applied Behavioral Analysis Specialist who will provide the necessary services when needed to the children/young adults.	100,000				
Expense/Equipment/Travel/Supplies/ Other	The cost of the trailers, outfitting/renovating the trailers, and the cost of the sensory bags.	400,000				
Consultants/Contracted Services/Study		0				
Fixed Capital Construction/Majo	r Renovation:					
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (must equal total from question #6)						

14. Program Performance

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

The specific purpose for these funds is to acquire and build custom mobile sensory trailers that can be used for a multitude of services for ASD clinical services. These trailers will allow the company to deploy into rural communities all over Florida providing much needed services and care that are not currently offered. Additionally, these funds will be used to create 500 sensory bags that are given out when applicable.



15.

16.

d. First Name

Anjali

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

To provide a specifically designed cooled space to help calm ad regulate children in distress during times of emergencies. It will serve as a calming room and cooling station. Additionally, Applied Behavioral Analysis trained staff will be there to provide services along with information and assistance to families in time of emergencies For rural communities, they will also be used for free autism screening and educational outreach.

communities, they	Will also be a	oca ioi iice at	30100111	ing and cauca	tional outrea	OII.	
c. What direct ser	vices will be	provided to	citizens by t	he appropriat	tion project?	?	
Free autism scree children in times of		tional outreach	n, Free autisr	n screenings,	a safe place	designed to h	elp calm and regulate
d. Who is the targ	et populatior	n served by tl	his project?	How many in	ndividuals ar	re expected t	o be served?
Children and your	ng adults with	ASD.					
e. What is the exp be measured?	ected benefi	t or outcome	of this proje	ect? What is t	the methodo	ology by whic	ch this outcome will
More children and begin receiving se	l young adults rvices. Screer	can be scree nings will be fr	ned for autis	m. If diagnose erasures will l	d, these child be taken to a	dren and your ide children a	ng adults will be able to nd families sooner.
			`				its standard penalties
for failing to meet	deliverables	or performa	nce measur	es provided f	or the contr	act?	
Recoupment of fu	nds for failing	to meet delive	erables.				
Requester Contact	t Information						
a. First Name	David		Last Name	Brown			
b. Organization	Family Initiat	tive					
c. E-mail Address	dbrown@fi-f	lorida.org					
d. Phone Number	(239)691-45	17	Ext.				
Recipient Contact	Information						
a. Organization	Family Initiat	tive					
b. Municipality and	d County Le	ee					
c. Organization Ty	ре						
□For Profit Entity							
☑Non Profit 501(d	c)(3)						
□Non Profit 501(d	c)(4)						
□Local Entity							
□University or Co	llege						
□Other (please sp	pecify)						

Last Name Van Drie



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e. E-mail Address	avandrie@fi-florida.org	
f. Phone Number	(239)645-0458	
17. Lobbyist Contact I	nformation	
a. Name	Kristina Houlihan	
b. Firm Name		
c. E-mail Address		
d. Phone Number		