



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2222

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 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 or she will be familiar with the staff and environment at DNA Comprehensive Therapy.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

| Type of Funding             | Amount    |
|-----------------------------|-----------|
| Operating                   | 1,967,000 |
| Fixed Capital Outlay        | 0         |
| Total State Funds Requested | 1,967,000 |

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

| Type of Funding                                | Amount    | Percentage |
|--|-----------|------------|
| Total State Funds Requested (from question #6) | 1,967,000 | 100%       |
| Matching Funds                                 |           |            |
| Federal  | 0         | 0%         |
| State (excluding the amount of this request)   | 0         | 0%         |
| Local  | 0         | 0%         |
| Other  | 0         | 0%         |
| Total Project Costs for Fiscal Year 2025-2026  | 1,967,000 | 100%       |

8. Has this project previously received state funding?

If yes, provide the most recent instance:

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
| 2024-25                  | 0         | 1,967,000    | 246A                        | No     |

9. Is future-year funding likely to be requested?

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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## Complete questions 10 and 11 for Fixed Capital Outlay Projects

### 10. 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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

### 12. 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 and other equipment | 151,000          |
| Consultants/Contracted Services/Study                                  |   | 0                |
| <b>Operational Costs</b>   |   |                  |
| Salary and Benefits  | BCBA, BCABA, RBTs, OT, OTA, SLP, SLPA, Psychiatrists, LCSW                                    | 1,674,500        |
| Expense/Equipment/Travel/Supplies/Other                                | Travel, Assessment and 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> |

### 13. Program Performance

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

Participants will acquire many necessary and valuable skills that will provide immediate job opportunities that will otherwise be unavailable to them. Including but not limited to eye contact, self regulation, and communication.

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

Counseling, Psychiatry, Occupational Therapy, Speech Therapy and Behavioral Analysis.



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

Counseling, Psychiatry, Occupational Therapy, Speech Therapy and Behavioral Analysis.

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

Children with Autism Spectrum Disorder.

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

Helping 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 in the contract?**

Financial Penalties.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No



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☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

#### 17. Requester Contact Information

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

#### 18. 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   
e. E-mail Address   
f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*