

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: DNA Comprehensive Therapy Services - Comprehensive Care Model
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Matt Caldwell
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		733,660	733,660		266,340	266,340

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Agency for Persons with Disabilities
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Financial consequences; declare the contract to be in default

6. Requester:

- a. Name: Jason Moon
- b. Organization: DNA Comprehensive Therapy Services
- c. Email: jasonm@elitednatherapy.com
- d. Phone #: (239)223-2751

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Jason Moon
- b. Organization: DNA Comprehensive Therapy Services
- c. Email: jasonm@elitednatherapy.com
- d. Phone #: (239)223-2751

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: DNA Comprehensive Therapy Services
- b. County (County where funds are to be expended): Collier, Lee
- c. Service Area (Counties being served by the service(s) provided with funding): Charlotte, Collier, Glades, Hendry, Lee

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Assist Autistic children and persons with developmental disabilities to acquire necessary and valuable skills in order to be functioning members of society.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Administrative Assistant	45,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Certifications, Travel	10,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Family Therapy, Psychologist, BCBA	211,340
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		266,340

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

No

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Speech Therapy, Occupational Therapy, Behavior Therapy, Mental Health

17b. Describe the direct services to be provided to the citizens by the funding requested.

Speech Therapy, Occupational Therapy, Behavior Therapy, Mental Health

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)

- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Fine motor skills, gross motor skills, exercise, activity	Decreased doctor visits, decreased ER visits, decreased visits to the Crisis Stabilization Unit, Pediatric Symptom Checklist
<input checked="" type="checkbox"/> Improve mental health	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
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		

<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Participants will require many necessary and valuable skills that will provide immediate job opportunities that would otherwise be unavailable to them. Eye contact, communication, self regulations.	Available and appropriate job availabilities and subsequent hiring.
<input checked="" type="checkbox"/> Enhance specific individual?s economic self sufficiency	All of the therapies help children develop more appropriate skills to help them establish pro-social behaviors and relationships.	Self-sufficiency assessment tool (depending on age)
<input checked="" type="checkbox"/> Reduce recidivism	Self regulation and age appropriate activities and relationships will assist children to engage in pro-social behaviors. These behaviors will become protective factors.	One-for-one statistical client baseline matching method. Operational definition will be established and baseline vs after program numbers.
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	When children learn how to communicate and behave appropriately, they are more likely to develop meaningful peer relationships. These relationships will help the child feel more accepted and less likely to engage in bad behaviors.	Attendance in school. Teacher reports.

<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	266,340	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	266,340	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No