

1. Project Title

2. Senate Sponsor

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

Autism Society of Florida Drowning Prevention Program

Ana Maria Rodriguez

**LFIR # 1002** 

3. Date	of Request	09/29/2023						
4. Proj	ect/Program De	scription						
Flori grea your impa man The	Drowning is the number ONE cause of death of children with autism. This statistic has remained the same for decades. Florida has the highest number of childhood drownings in the United States. Children with autism drown at a rate 160 times greater than typically developing children. Of the 93 fatal drownings of children in Florida in 2022, 75% were age 3 and younger, and nearly all were a result of the child wandering or eloping, which is a significantly common factor in those impacted by autism. According to the CDC, autism is diagnosed on average at age 4.5, therefore it seems evident that many, if not most, of the 75% would later have been diagnosed with autism.  The Autism Society of Florida plans to save lives of children with autism by providing swim lessons, door alarms, CPR training to parents and training to water safety instructors on how to teach children with autism.							
5. Stat	e Agency to rec	eive requested fu	nds Dep	partme	ent of Health			
State	e Agency contac	cted? Yes	•					
			for Finant Vo	000	NA 0005			
6. Amo	unt of the Nonre	ecurring Request	TOT FISCAL YE	ar 202	24-2025			
	e of Funding				Amount			
7 5 7	rations				200,000			
	d Capital Outlay					0		
lota	al State Funds R	equestea				200,000		
7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)								
Тур	Type of Funding				Amount	Percentage		
	Total State Funds Requested (from question #6)				200,000	100%		
	Matching Funds							
	Federal Control of the control of th				0	0%		
	State (excluding the amount of this request)				0	0%		
	Local Other				0	0% 0%		
Total Project Costs for Fiscal Year 2024-2025								
lota	al Project Costs	TOT FISCAL TEAT 20	J24-2U23		200,000	100%		
8. Has	this project pre	viously received	state funding	j?	No			
F	iscal Year (yyyy-yy)		ount		Specific Appropriation #	Vetoed		
	(3333 337	Recurring	Nonrecurr	ing	7 (ppropriation ii			
9. Is fu	ture funding like	ely to be request	ed?		No			
a. If	yes, indicate no	nrecurring amou	nt 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?



No

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If yes, indicate	the amount of fu	ınds received and wh	nat the funds were used for.				
Complete questions 11 and 12 for Fixed Capital Outlay Projects							
11. Status of Const		Mha muais at O					
a. What is the c	urrent phase of	the project?					
Planning	O Design	Construction	∙ N/A				
b. Is the project	"shovel ready"	(i.e permitted)?					
c. What is the es	stimated start d						
d. What is the e	stimated comple	etion date of construc	ction?				

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				
Administrative Costs:						
Executive Director/Project Head Salary and Benefits	Project administrative support staff will oversee the distribution of materials to families regarding the availability of the program; collect and process applications; ensure swimming instructors carry Red Cross WSI certification; process funds to instructors; market training opportunities to instructors, Red Cross, emergency room staff and parents and schedule trainings requested	10,000				
Other Salary and Benefits		0				
Expense/Equipment/Travel/Supplies/Other		0				
Consultants/Contracted Services/Study		0				
Operational Costs: Other						
Salary and Benefits	Fund water safety/swimming instruction to 500 children with autism - each student receiving benefit of \$350 to be paid directly to a duly certified Water Safety instructor.	175,000				
Expense/Equipment/Travel/Supplies/ Other	Informational brochures, flyers and marketing materials, applications, travel for consultant	5,000				
Consultants/Contracted Services/Study	Consultant/trainer on autism spectrum disorder to provide training on autism to water safety instructors, parents, pediatricians and emergency room staff (in each of the 10 counties with the highest rates of childhood drowning - @ \$500 each) - estimate 2 trainings per county.	10,000				
Fixed Capital Construction/Majo	r Renovation:					
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (m	ust equal total from question #6)	200,000				



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#### 14. Program Performance

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

The Autism Society of Florida will use the funds to save lives of children with autism by providing swim lessons, door alarms, CPR training to parents and educating parents, pediatricians and the community on the importance of water safety.

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

Vouchers/scholarships of swimming lessons for 500 children with autism. - Training of swim instructors on autism and how to teach these children. - Create and distribute marketing information to pediatricians, teachers and other professionals working with kids with autism. - Provide outreach and information to emergency room staff encouraging them to report fatal and near fatal drownings. Collaborate with fire departments on providing CPR training to parents. We will distribute door alarms to families in need of them.

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

500 children with autism will receive water safety/swimming instruction through a voucher/scholarship so that family finances do not prevent a child from receiving greatly needed swimming instruction. Families will obtain door alarms to keep their kids safer at home (most drowning deaths occur in the child's own backyard)

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

At-risk youth, developmentally disabled, preschool students, grade school students - with autism. 500 children will be directly served with swimming lessons, but thousands will benefit by the outreach and education efforts provided.

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
- 1. Improve physical health Children with autism will be more physically fit and able to survive in water through water safety competency assessments by swim schools.
- 2. Improve mental health Children with autism will develop a higher self confidence upon learning to swim through water safety competency assessments by swim schools.
- 3. Protect the general public from harm Children will be safer in and around water. They will have skills to stay alive in water. We will see a decrease in childhood drowning in Florida through water safety competency assessments by swim schools.
- 4. Create specific immediate job opportunities This project will provide funding to water safety instructors and to give them greater skills in teaching diverse learners.
- 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?

Funding will cease. Funds will return or remain with the state agency.
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15. Requester Contact	t Information		
a. First Name	Stacey	Last Name	Hoaglund
b. Organization	Autism Society of Florida		
c. E-mail Address	Stacey@autismfl.org		
d. Phone Number	(954)261-3703	Ext.	

- 16. Recipient Contact Information
  - a. Organization Autism Society of Florida, Inc
  - b. Municipality and County Statewide
  - c. Organization Type



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□For Profit Entity	□For Profit Entity						
☑Non Profit 501(c	☑Non Profit 501(c)(3)						
□Non Profit 501(c	□Non Profit 501(c)(4)						
□Local Entity	□Local Entity						
□University or Co	□University or College						
□Other (please sp	□Other (please specify)						
d. First Name	Stacey	Last Name	Hoaglund				
e. E-mail Address	Stacey@autismfl.org						
f. Phone Number	(954)261-3703						
17. Lobbyist Contact Information							
a. Name	None						
b. Firm Name							
c. E-mail Address							
d. Phone Number							