



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3421

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

**4. Project/Program Description**

To give tuition grants for 100 families that have children with developmental disabilities as well as combat wounded Veterans, to experience the life changing benefits of animal therapy for the duration of a multi day program.

5. State Agency to receive requested funds
- State Agency contacted?  No

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

Type of Funding	Amount
Operations	175,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>175,000</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)	175,000	54%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	150,000	46%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>325,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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?**

No

If yes, indicate the amount of funds received and what the funds were used for.



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## 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)?

No

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	50% match of Tuition costs for 100 families.	150,000
Consultants/Contracted Services/Study	Accounting, compliance, and marketing consulting.	25,000
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
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>175,000</b>

### 14. Program Performance

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

To give tuition grants for 100 families that have children with developmental disabilities as well as combat wounded Veterans, to experience the life changing benefits of animal therapy for the duration of a multi day program.

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

Animal therapy that provides life-changing solutions for children and families with special needs as well as veterans living with PTSD.

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

Tuition grants to receive the therapy program.



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

Families with children who have developmental disabilities as well Veterans with PTSD.

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

This therapy will help individuals and their families with socializing, self esteem, communication, fine and gross motor skills, group bonding, attention, and sibling relationships.

**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?**

Return of a pro-rata portion of the funds if the program fails to meet the established deliverables and performance measures.

**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**

**e. E-mail Address**

**f. Phone Number**

**17. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**



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d. Phone Number