



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3580

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

At Quantum Leap Farm (QLF), our mission is to improve quality of life, and inspire personal growth through equine-assisted therapies. We offer a robust set of programs that specialize in serving our client's various needs. In the case of our recovery groups, we offer individual, group or 1/2 and full-day workshops. This funding request will help fill the gap in funding for our programs in the upcoming year. Funding will provide for 984 Equine Assisted psychotherapy group sessions and 60 Equine-Assisted psychotherapy 1/2 day workshops.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	99,360
Fixed Capital Outlay	0
Total State Funds Requested	99,360

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)	99,360	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 2024-2025	99,360	100%

8. Has this project previously received state funding?

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

9. Is future 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.

If this funding was not available, we would look to individual donor or family foundation grant support.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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

Quantum Leap Farm received Paycheck Protection Program funding of \$148,000 and \$139,000. This was used for salaries during closure and loss of program revenue. QLF also received EIDLE loans totaling \$160,000 to offset operational costs.

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)?

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
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	Staff salaries for the equine therapy sessions. This includes full and part-time staff.	40,716
Expense/Equipment/Travel/Supplies/Other	Equipment and supply funding includes activity fees and resources needed for horse care and nutrition for the following recovery programs.	58,644
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		99,360

14. Program Performance

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



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Equine-Assisted Therapy Programs provided by Quantum Leap Farm will improve quality of life, and the physical, social and emotional well-being of our clients and family members. Specific equine programs will produce measurable functional improvements in overall mental health wellness.

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

Quantum Leap Farm will provide Equine-Assisted Therapy Programs and activities especially designed to support the physical, social and emotional well-being of out clients and their families. Facilitated by licensed mental health professionals, these individuals or groups will participate in sessions designed to cultivate personal growth and development.

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

Quantum Leap Farm’s programs for recovery groups include an array of equine-assisted psychotherapy sessions. These are for groups of 6 to 12 participants for 1.5 hour sessions to 1/2 workshops.

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

Quantum Leap Farm’s recovery group programs serve individuals navigating various challenges as a result of substance or sexual abuse. After funding is awarded, we expect to serve clients through over 1,044 sessions in a year. Specific data collected will vary from program to program.

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

Each program is geared to focus on specific methodologies of treatment. Depending on the program, these benefits could include increases in self-confidence, healthy coping skills and stress management skills, while others reduce symptoms related to PTSD, depression and suicidal ideation. Weekly evaluation of progress and record keeping. Future goals are adjusted based on progress. Through these programs, the contractor will provide measurable improvements in the clients.

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?

If we are not able to deliver services in the numbers we anticipate and have a surplus of unused funds, we would recommend carrying over the funds to the next fiscal year and maintain these programs. If for some reason, we are unable to utilize funds, they would be returned.

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)



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- 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

d. Phone Number