

LFIR # 1027

1. Project Title	K9s United				
2. Senate Sponsor	Tom Wright				
3. Date of Request	2/6/2025				
4. Project/Program Des	cription				
K9s United is a non p detect, protect and se and after their service felt moved to attend hiduring a ride along, & allocated funding. Who directly to the agency.	rve communities a . Founder, Debbie is funeral and con subsequent meet en a request is ma	across the state by g Johnson, had the id sequently help. She ings at the Sheriff's	piving them the nece dea after hearing of enrolled in the Civili Office, that she learr	ssary equipment an the tragic death of E an Law Enforcemented of budgetary ne	d quality of life during Baron, a local K9. She nt Academy, it was leds not being met by
5. State Agency to rece State Agency contact	ted? No		ent of Law Enforceme	ent	
6. Amount of the Nonre	curring Request	for Fiscal Year 202]
Type of Funding Operating			Amo	200,000	
				200,000	
Fixed Capital Outlay Total State Funds Re	an and and			200,000	
7. Total Project Cost for		5-2026 (including r	natching funds ava	·	•
Type of Funding			Amount	Percentage	
Total State Funds Red	quested (from que	stion #6)	200,000	100%	
Matching Funds					
Federal			0	0%	
State (excluding the a	mount of this requ	iest)	0	0%	
Local			0	0%	
Other			0	0%	
Total Project Costs f	or Fiscal Year 20	25-2026	200,000	100%	
8. Has this project prev If yes, provide the m	-	_	Yes		
Fiscal Year (yyyy-yy)	Amo		Specific Appropriation #	Vetoed	
2023-24	Recurring 0	Nonrecurring 400,000	1275	No	
9. Is future-year funding a. If yes, indicate no	g likely to be req	uested?	No No	NO	
b. Describe the sour	ce of funding tha	t can be used in li	eu of state funding.		1



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

a. What is the o	current phase of t	he project?	O N/A			
	t "shovel ready"		01471			
		ite of construction?				
d. What is the	estimated comple	tion date of constru	ction?	12/31/2025		
e. What funding	g stream will be ບ	sed for ongoing ope	erations a	and maintenance	of the project?	
I1. List the owne	rs of the facility to	o receive, directly or rs of the facility and	indirectl	y, any fixed capit	tal outlay fundi	ng. Include the

12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Supplies & Equipment for K9 units Travel for instructors to 7 training seminars Lodging for instructors and K9's United representatives for 7 training seminars	159,000
Consultants/Contracted Services/Study	Instructor fees for 7 training seminars Program manager fees for administering training seminars & equipment purchases Grant manager fees for administering training seminars & equipment purchases	41,000
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

13. Program Performance

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



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□ No

□ No, but intends to apply

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

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Monies will be used to fund our program so that we can continue to provide much needed euipment not being met with agency budgets (heat alarms, bulletproof vests, bitesuits, tracking harnesses etc). Monies will also be used to provide much needed training seminars (such as tracking and decoy) for K9 Handlers throughout the state of FL.

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

Monies will be used to fund our program so that we can continue to provide much needed heat alarms, bulletproof vests, inserts for K9 vehicles, provide dogs for agencies in need in addition to hosting free advanced training seminars throughout the state of FL. Our goal is to continue to help supplement what is not being met due to agency budget constraints.

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

K9s Units are utilized to assist LE professionals in their community with crime prevention through education & presence. They also assist in criminal enforcement with dangerous suspect location & apprehension, narcotics & explosive detection, and evidence location & recovery. They also assist with locating lost children & adults, or adults who have walked away on foot due to mental disabilities.

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

Elderly, persons with poor mental health, at risk youth, developmentally disabled, drug users, preschool, grade school and high school students and victims of crime.

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

K9 Units will receive much needed advanced training through free seminars that we host along with training equipment to better serve their communities. We will be following up with handlers who we have directly helped in improving their skills to evaluate their progress, as well as seeing them the following year in training and observing the improvements they have made through evaluation in training.

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?

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1	Not allowed to apply for state funding for one year.
4. Is	this project related to mitigation, response, or recovery from a natural disaster? No
a. I	f 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 infastructure)
b. I	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
5. Ha	as the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received

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



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b. Provide the total	project c	ost listed on th	e FEMA proj	ect worksheet:	
6. Has the entity app	lied for o	r received state	assistance	for this project (other tha	an this request)?
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends to	o apply				
a. If yes, specify the Commerce):	e progran	n and state age	ncy (ex. Loca	al Government Emergen	cy Bridge Loan, Departme
7. Requester Contac	t Informat	ion	_		
a. First Name	Deborah		Last Name	Johnson	
b. Organization K9s United					
c. E-mail Address	debbie@	k9sunited.org			
d. Phone Number	(828)329	-4201	Ext.		
3. Recipient Contact	Informati	on			
a. Organization	K9s Unite				
b. Municipality and	d County	Statewide			
c. Organization Ty	pe				
□For Profit Entity					
☑Non Profit 501(d	c)(3)				
□Non Profit 501(d	c)(4)				
□Local Entity					
□University or Co	llege				
□Other (please sp	oecify)				
d. First Name	Deborah		Last Name	Johnson	
e. E-mail Address	debbie@	k9sunited.org			
f Phone Number	(838)330	J-4201	Fyt		



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a. Name	None	
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.