



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1602

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To enhance the effectiveness of chiropractic as an alternative to opioids, and to address preventable overdoses, this project will develop a public awareness video of how chiropractic care can be a natural alternative to opioids and provide opportunities for chiropractors to learn new strategies for drug free pain management. The Florida Chiropractic Society will host events throughout the state to educate chiropractors, regardless of membership status with the Society.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	200,000
Fixed Capital Outlay	0
Total State Funds Requested	200,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	200,000	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 2025-2026	200,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	200,000	377	Yes

9. Is future-year 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.

None

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. 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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Salary support for administrative staff to perform additional duties under the program.	15,000
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	Travel costs for conference speakers. Educational brochures, displays, and other materials for conference events.	35,000
Consultants/Contracted Services/Study	Payment for conference speakers and development of public awareness video.	150,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		200,000

13. Program Performance

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

To enhance the effectiveness of chiropractic as an alternative to opioids, and to address preventable overdoses, this project will develop a public awareness video of how chiropractic care can be a natural alternative to opioids and provide opportunities for chiropractors to learn new strategies for drug free pain management. The Florida Chiropractic Society will host events throughout the state to educate chiropractors, regardless of membership status with the Society.

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



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The Florida Chiropractic Society will host continuing education events throughout the state to educate chiropractors on effective drug free pain management techniques. In addition, the Society will develop a public awareness video regarding the use of chiropractic care as a natural alternative to opioids, which will be made available to licensed healthcare practitioners such as physicians to educate their patients on alternatives to opioids.

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

The continuing education services will be provided to licensed chiropractors. The public awareness video will be offered to licensed healthcare practitioners.

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

Licensed chiropractors and other health care practitioners, greater than 800.

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

Providing patients long term, drug free pain relief to reduce anxiety and depression linked to chronic pain by training chiropractors in effective drug free pain management strategies, measured by documenting the number of chiropractors successfully completing the program.
 Providing drug free pain relief to patients to limit the potential for substance abuse of controlled substances by training chiropractors in effective drug free pain management strategies, measured by documenting the number of chiropractors successfully completing the program.

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?

Cessation of funding if the specified activities are not performed.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If 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 infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

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

b. Provide the total project cost listed on the FEMA project worksheet:



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16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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) 501(c)(6)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address



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d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.