



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1608

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

**4. Project/Program Description**

The FCO funds will be used to build a dedicated therapy room and an education room for our participants, and an observation and resource room for families to utilize during their participant's sessions. The Operations funds will be used to provide free equine-assisted therapy services to our participants (children with cancer, in the foster system or who have been adopted, children with severe physical, emotional, or behavioral challenges, and children of active-duty military and veterans).

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes

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

Type of Funding	Amount
Operating	375,000
Fixed Capital Outlay	619,500
<b>Total State Funds Requested</b>	<b>994,500</b>

**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)	994,500	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>994,500</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?**  No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

**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?**

We are an approved provider for Step Up for Students. We receive grants and donations from family foundations, local and national businesses, and other generous supporters throughout the year. We also host an annual fundraiser, Derby Day, that secures monetary support from individuals and local businesses supporting our mission. In 2024, we raised over \$700K, which was applied toward operations, free services, and FCO.

**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.**

Daniel and Lisa Michelangelo are the owners of the property and facilities. Lisa Michelangelo is the founder of Emerald M Therapeutic Riding Center, a 501(c) (3) non-profit entity.

**12. 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		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Free equine-assisted therapy to our pediatric participants (children w/ cancer, in the foster system, who have been adopted, those w/ severe physical, emotional, or behavioral challenges, and children of active duty and military veterans). Services include physical and occupational therapies incorporating hippotherapy, emotional/behavioral health support services, & Horse Powered Reading®.	125,000
Consultants/Contracted Services/Study	Physical Therapist - \$50,000, Occupational Therapist - \$60,000, Director of Operations \$75,000, Education Specialist \$30,000, and Physical Therapy Assistant \$35,000	250,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Build an observation and resource room for families to utilize while their participant's are in session, and a dedicated therapy room and an education room, which will allow us the opportunity to serve more children by running multiple therapy sessions at one time. Also, install lighting throughout the arena to accommodate late afternoon/early evening sessions.	619,500



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<b>Total State Funds Requested (must equal total from question #6)</b>	<b>994,500</b>
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**13. Program Performance**

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

Having the support to provide free sessions means never having to turn a child away because they can't afford our services. We never want financial hardship to prevent a child from receiving life-changing therapeutic benefits.

Additionally, the build out of the covered arena will include an observation and resource room for families to utilize while their children are in session, as well as dedicated therapy and education rooms, which will allow us the opportunity to serve more children by running multiple therapy sessions at one time.

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

Physical therapy incorporating hippotherapy, emotional and behavioral support, equine facilitated learning, Horse Powered Reading®, and various resources and means of support for caregivers.

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

Physical therapy incorporating hippotherapy, emotional and behavioral support, equine facilitated learning, Horse Powered Reading® to children children in the foster system, or who have been adopted, those w/ severe physical, emotional/behavioral/learning challenges, and children of active duty and military veterans, and various resources and means of support for caregivers.

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

- Children ages 2 -18
- with poor emotional, mental or physical health
- who are economically disadvantaged, or at risk
- who are emotionally, developmentally or physically disabled
- with cancer & their families
- who are in the foster system or recently adopted
- who are the child of active-duty military service members and veterans
- Caregivers
- Number expected to be served 101-200

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

Enhance physical & mental health by improving quality of life and fostering independence through rehabilitative therapies that utilize equine-assisted learning. These activities improve walking ability, balance, core strength, body awareness, & coordination. They also help develop coping skills for challenges like depression, PTSD, & anxiety. Participants also gain confidence by learning to focus, reduce distractions, & improve situational awareness. Data collected at the first visit and discharge.

Enhance the quality of education by utilizing Horse Powered Reading® which is designed for children who struggle with learning disabilities or other conditions that affect their ability to learn, such as dyslexia, auditory processing disorder, ASD, or ADHD. Our services also benefit kids who are home-schooled for various reasons, including being in the foster care system, having severe physical disabilities, experiencing trauma, or facing behavioral challenges. Testing & school reports.

**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?**

The Organization will conduct a data review and evaluation to determine reason for inability to meet deliverables and implement fail-safes for the future. We will report our findings along with a plan to meet deliverables or performance measures to the State of Florida and/or return unused service funds, if any.

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

**a. If Yes, what phase best describes the project?**



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- 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:**

**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**



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#### 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  Ext.

#### 19. Lobbyist Contact Information

a. Name

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.*