

1. Project Title

2. Senate Sponsor

3. Date of Request

Stan McClain

2/25/2025

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.

Insufficient federal funding for Service Dogs creates a necessity for funding at the state level. No other funding sources have been identified as of yet, but we constantly mine for private donations, as well as Federal and local government funding

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

Comprehensive Veterinary Care for Working Service Dogs Supporting Individuals with Disabilities

LFIR # 1759

4.	Project/Program D	escription				
	overseen by our no	nprofit veterinary tea	aching hospital. T	during training and afte he request includes fun- portunities for FSU vete	ding for veterinary s	disabled recipients, staff who contribute to
5.	State Agency to re	ceive requested fu	ınds Depart	ment of Agriculture and	Consumer Services	S
	State Agency cont	acted? No				
ô.	Amount of the Non	recurring Request	for Fiscal Year 2	2025-2026		
	Type of Funding			Amo	unt	
	Operating				250,000	
	Fixed Capital Outla	y			0	
	<b>Total State Funds</b>	Requested			250,000	
7.	Total Project Cost  Type of Funding	for Fiscal Year 202	5-2026 (includin	g matching funds avai	Percentage	ect)
		Requested (from que	estion #6)	250,000	100%	
	Matching Funds		,	,		
	Federal			0	0%	
	State (excluding the	e amount of this requ	uest)	0	0%	
	Local			0	0%	
	Other			0	0%	
	<b>Total Project Cost</b>	s for Fiscal Year 20	025-2026	250,000	100%	
8.	Has this project pr	eviously received most recent instar		No		
	• • •					
	Fiscal Year (уууу-уу)	Ame Recurring	ount Nonrecurring	Specific Appropriation #	Vetoed	

Yes

750,000



**LFIR # 1759** 

### Complete questions 10 and 11 for Fixed Capital Outlay Projects

truction urrent phase of t	he project?				
O Design	Construction	O N/A			
"shovel ready"	(i.e permitted)?				
stimated start da	te of construction?				
d. What is the estimated completion date of construction?					
stream will be ι	ised for ongoing ope	erations and mainte	enance of the project?		
			ed capital outlay funding.	Include the	
	urrent phase of t  Design  "shovel ready" stimated start da stimated comple stream will be u	urrent phase of the project?  O Design O Construction  "shovel ready" (i.e permitted)?  stimated start date of construction?  stimated completion date of construction;  stream will be used for ongoing operations.	urrent phase of the project?  O Design O Construction O N/A  "shovel ready" (i.e permitted)?  stimated start date of construction?  stimated completion date of construction?  stream will be used for ongoing operations and maint	urrent phase of the project?  Design Construction N/A  "shovel ready" (i.e permitted)?  stimated start date of construction?  stimated completion date of construction?  stream will be used for ongoing operations and maintenance of the project?  s of the facility to receive, directly or indirectly, any fixed capital outlay funding.	

#### 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
<b>Operational Costs</b>		
Salary and Benefits	Veterinarian and veterinary technicians	75,000
Expense/Equipment/Travel/Supplies/ Other	Prescription supplements, foods, and pharmaceuticals	25,000
Consultants/Contracted Services/Study	Veterinary services throughout the state.	150,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
<b>Total State Funds Requested (m</b>	ust equal total from question #6)	250,000

#### 13. Program Performance

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

The funds will ensure the health and well-being of highly trained service dogs, enabling them to perform their critical roles in supporting individuals with disabilities. This initiative provides comprehensive veterinary care beyond \$1,300 annually, covering routine, emergency, and specialized medical needs. Additionally, the funds will support the operations of a non-profit veterinary teaching hospital, addressing veterinary workforce shortages in Florida, improving animal welfare, and fostering the development of skilled professionals essential for the state's agricultural and animal health sectors.

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



LFIR # 1759

Comprehensive veterinary services will be provided for service dogs, including routine check-ups, vaccinations, emergency treatments, and specialized care, with costs exceeding \$1,300 annually covered by the program. Provide operating support for the on-campus non-profit veterinary teaching hospital. Provide hands-on learning opportunities for students and apprentices, contributing to improved animal welfare and access to high-quality veterinary care in underserved communities.

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

Funds will be used to pay for veterinary services in excess of \$1,300 for disabled recipients in Florida who rely on our service dogs and procure veterinary care throughout the state

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

The primary beneficiaries are service dogs and the animal health ecosystem, including veterinary students and service dog recipients. Approximately 500 service dogs and their handlers will benefit annually, with additional indirect benefits to the veterinary and agricultural industries.

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

Expected outcomes include improved health and longevity for service dogs, reduced strain on handlers due to veterinary costs, and an expanded pool of trained veterinary and service dog professionals to address workforce shortages in Florida. These outcomes will be measured through service dog health records, handler feedback, and employment data for program graduates.

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?

S	tandard contract penalties for failing to meet deliverables are sufficient.
4. Is t	this project related to mitigation, response, or recovery from a natural disaster?
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 infastructure)
b. N	ame of the natural disaster (or Executive Order # for events not under a federal declaration):
5 Ha	
J u	s the entity applied for or received federal assistance for this project?
	s the entity applied for or received federal assistance for this project?  Yes, Applied
<b>.</b>	
<b>.</b>	Yes, Applied Yes, Received
	Yes, Applied Yes, Received

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



LFIR # 1759

6. Has the entity app	lied for o	r received state	assistance f	or this projec	t (other tha	n this reques	t)?
☐ Yes, Applied							
☐ Yes, Received							
□ No							
☐ No, but intends to	o apply						
a. If yes, specify the	e progran	n and state ager	ncy (ex. Loca	ıl Governmen	t Emergenc	y Bridge Loa	n, Department of
Commerce):							
7. Requester Contact	t Informat	ion					
a. First Name	Mary Jo		Last Name	Brandt			
b. Organization	Guardiar	n Angels Medical	Service Dog	s, Inc.			
c. E-mail Address	mj@med	licalservicedogs.	org				
d. Phone Number	(239)771	-3703	Ext.				
8. Recipient Contact							
a. Organization		n Angels Medical	Service Dog	s, Inc.	1		
b. Municipality and	d County	Levy					
c. Organization Ty	pe						
□For Profit Entity							
☑Non Profit 501(d	:)(3)						
□Non Profit 501(d	:)(4)						
□Local Entity							
□University or Co	llege						
□Other (please sp	pecify)						
d. First Name	Carol		Last Name	Borden			
e. E-mail Address	carol@m	nedicalservicedog	gs.org				
f. Phone Number	(352)299	)-0113	Ext.				
9. Lobbyist Contact I	nformatio	on					
a. Name	Carlecia						
b. Firm Name	GrayRol	oinson PA					
c. E-mail Address	carlecia.	collins@gray-rob	inson.com				



**LFIR # 1759** 

d. Phone Number	(850)577-9090

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