



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1981

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

**4. Project/Program Description**

Quantum Leap Farm (QLF)'s mission is to improve quality of life, and cultivate human potential through equine-assisted therapies. We offer a robust set of programs that specialize in serving our military clients for their various needs. These include: Therapeutic Riding, Equine-Assisted Psychotherapy (EASE Program), Hippotherapy, 5-Day Military Retreats, Veteran follow-up sessions and Military Reintegration Family Fun Days.

This funding request will help fill the gap in funding for our military programs in the upcoming year. As a point of our mission, QLF never charges military clients or their families to participate. \$292,700 would cover the financial need in the following programs:

- (7 retreats or 56 veterans) 5-Day Military Retreats
  - (288) Therapeutic Riding sessions
  - (520) EASE therapy sessions (groups and individuals)
  - (48) Hippotherapy sessions
  - (100) Retreat follow up sessions (Buddy Check)
  - (300+) Family Fun Day events (3 @ 100+)
- Totaling 1,312 units of service!

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	292,700
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>292,700</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)	292,700	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>292,700</b>	<b>100%</b>

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	292,700	602	No

9. **Is future-year funding likely to be requested?**



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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

### 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
<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	Staff salaries for the 5 five-day retreats, Buddy Check follow-ups, therapeutic riding sessions, Hippotherapy, individual and group EASE sessions and military family fun days. This includes, both full and part-time staff.	64,394
Expense/Equipment/Travel/Supplies/Other	Equipment and supply funding includes activity fees, travel, food and resources needed for horse care for the following programs: Military retreats, therapeutic riding, EASE and military family fun days.	128,346
Consultants/Contracted Services/Study	A variety of contracted consultants are used for military retreats and EASE sessions. These include: Behavioral consultants, Psycho-educational, Accelerated Resolution Therapy, Acupuncture, Craniosacral therapy, Adaptive yoga and story telling workshop.	99,960
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0



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<b>Total State Funds Requested (must equal total from question #6)</b>	<b>292,700</b>
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**13. Program Performance**

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

Equine-Assisted Therapy Programs provided by Quantum Leap Farm will improve quality of life, and the physical, social and emotional well-being of military service members, veterans and family members. Specific programs will produce measurable improvements in self-confidence, healthy coping skills and stress management skills, and reductions in symptoms related to PTSD, depression and suicidal ideation.

**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 military service members, veterans and their families. All Equine-Assisted Therapy Programs at Quantum Leap Farm are facilitated by qualified therapeutic riding instructors, or licensed and specially certified mental health and other medical professionals.

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

Quantum Leap Farm's programs for military service members include an array of equine-assisted therapies including Therapeutic Horseback Riding, Hippotherapy, Equine-Assisted Psychotherapy (EASE Program), Family Fun and Re-integration Days and Therapeutic Retreats with follow-up sessions. (Please see attached program description)

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

Quantum Leap Farm's programs for military service members, veterans and family members serves individuals and families navigating reintegration issues, living with post-traumatic stress, traumatic brain injury, chronic pain, suicidal ideation, and military sexual trauma among other service-related physical, intellectual, emotional and moral injuries. After funding is awarded, we expect to serve approximately 500 individuals a year through more than 1,400 sessions. 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?**

Participants in all programs will self-report via questionnaires. Depending on which program they participate in, they will report on physical and emotional changes including their feelings of self-confidence, their repertoire of healthy coping skills and stress management skills, and on their overall quality of life. Participants in EASE or Retreat Programs will also complete psychosocial surveys/instruments designed to measure changes in symptoms related to PTSD, depression, and suicidal ideation.

**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?**

In an average year we will be able to service the clients as noted above and would expect that we will be able to provide positive measurable outcomes. If circumstances change and we are not able to deliver service to these individuals 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 programs. If for some reason, we were unable to utilize funds, they would be returned.

**14. Is 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 infrastructure)

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



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**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**

**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  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.*