



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1982

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

At Quantum Leap Farm (QLF), our mission is to improve quality of life, and inspire personal growth through equine-assisted therapies. We offer a robust set of programs that specialize in serving our special needs children for their various needs. These include: Therapeutic Riding, Hippotherapy, and Special Needs Family Fun Days.

This funding request will help fill the gap in funding for our programs in the upcoming year. \$128,700 would cover the financial need in the following programs:

- (768) Therapeutic Riding sessions
- (360) Hippotherapy sessions
- (300) Special needs children and families through Family Fun Days

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	128,700
Fixed Capital Outlay	0
Total State Funds Requested	128,700

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)	128,700	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	128,700	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	128,700	246A	No

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.



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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
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	Staff salaries for the therapeutic riding sessions, Hippotherapy, and Family Fun Days. This includes the part-time staff professional.	46,800
Expense/Equipment/Travel/Supplies/Other	Equipment and supply funding includes activity fees and resources needed for horse care and nutrition for the following programs: therapeutic riding, Hippotherapy and Special Needs family fun days for children and their families.	81,900
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		128,700

13. Program Performance

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



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Equine-Assisted Therapy Programs provided by Quantum Leap Farm will improve quality of life, and the physical, social and emotional well-being of special needs children and family members. Specific programs will produce measurable functional improvements in balance, proprioception, range of motion, postural control, muscular strength, endurance and tone and, cardiovascular fitness, as well as helping with neurological reorganization.

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 special needs children and their families. All Equine-Assisted Therapy Programs at Quantum Leap Farm are facilitated by qualified therapeutic riding instructors, or licensed and specially certified occupational therapists, speech pathologists or physical therapists.

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

Quantum Leap Farm's programs for special needs children include an array of equine-assisted therapies including Therapeutic Horseback Riding, Hippotherapy, and Family Fun Days (Please see attached program descriptions).

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

Quantum Leap Farm's programs for special needs children include an array of equine-assisted therapies including Therapeutic Horseback Riding, Hippotherapy, and Family Fun Days (Please see attached program descriptions).

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, as well as coping skills and on their overall quality of life. Participants in Hippotherapy also follow a goal setting plan to measure progress weekly.

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? 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



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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)
- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**



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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.