



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2524

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

HorsePlay Therapy Center is a local 501(c)3 non-profit that provides physical therapy, occupational therapy, and speech therapy to children with special needs using hippotherapy and mental health services to veterans suffering with PTSD. HorsePlay currently leases an 11 acre property and have reached max capacity. Funds will be used to construct a new, larger facility in St Johns County that will provide 35,000 treatment sessions annually to children with special needs and veterans with PTSD. This project aligns with SB 112 and Senate Leadership's goals related to autism and neuro-development .

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	0
Fixed Capital Outlay	1,700,000
Total State Funds Requested	1,700,000

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)	1,700,000	60%
Matching Funds		
Federal	1,000,000	36%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	100,000	4%
Total Project Costs for Fiscal Year 2025-2026	2,800,000	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		

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)?

Yes

c. What is the estimated start date of construction?

01/01/2026

d. What is the estimated completion date of construction?

01/01/2027

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

Ongoing operations and maintenance are supported by fundraising efforts, local donor donations, and private grants.

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.

HorsePlay Therapy Center, a 501(c)3 non-profit will receive the fixed capital outlay funding. Vicky Carregal is the Executive Director of HorsePlay Therapy Center.

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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Acquisition of property, design, construction, and CEI for new facility, including barn, fencing, covered arenas, ADA walkways and parking, bathrooms, therapy gym ,and administrative office.	1,700,000
Total State Funds Requested (must equal total from question #6)		1,700,000

13. Program Performance

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



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HorsePlay Therapy Center is a local 501(c)3 non-profit that provides physical therapy, occupational therapy, and speech therapy to children with special needs using hippotherapy and mental health services to veterans suffering with PTSD using equine-assisted therapy. HorsePlay currently leases an 11 acre property and have reached max capacity. Funds will be used to construct a new, larger facility in St Johns County that will provide 35,000 treatment sessions annually to children with special needs and veterans with PTSD.

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

In 2024, we provided nearly 12,000 treatment sessions. There are currently 140 individuals on our wait-list whom have not received services yet due to maxing out our current operational space. Upon completion of the facility, we will be able to provide 35,000 treatment sessions annually.

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

We specialize in serving children with special needs and veterans with PTSD. HorsePlay is staffed by licensed physical, occupational, speech, and mental health therapists, as well as trained volunteers. We provide a comprehensive medical model of hippotherapy for children and mental health therapy utilizing horses for veterans. **NO CLIENT IS DENIED USING HORSES IN THEIR TREATMENT DUE TO FINANCES.**

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

We provide children with special needs under the age of 18 with physical, occupational, and speech therapy services. Additionally, in our RiseUp for Veterans program, we serve veterans with post traumatic stress disorder and other mental health illnesses. In 2024, we provided 11,224 treatment sessions for children and 551 treatment sessions with veterans. We currently have a waitlist of 140 individuals. We expect to be able to provide 35,000 treatment sessions annually upon the completion of the facility.

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

Our services are provided by licensed and skilled Speech-Language Pathologists, Occupational Therapists, Physical Therapists and mental health therapists as a health care service. Personalized treatment plans are crafted with individualized goals based on the child or veteran's needs. Goals are measured at each treatment visit and formal evaluations with standardized assessments every 6 and 12 months. Additionally, impact surveys are provided once annually for families to report on their experience with HorsePlay Therapy Center.

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?

If there is a performance deficiency requiring correction by HorsePlay Therapy Center, the Agency will notify the organization. HorsePlay Therapy Center will provide the Agency with a corrective action plan describing how the organization will address performance deficiencies.

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):

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

- Yes, Applied



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- 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)
- Local Entity
- University or College



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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.