



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2648

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Our goal is completion of the facility expansion projects to add safety, storage, and workspaces in hopes of further reducing or eliminating waiting times for our alternative mental health services. Electrical & lighting are needed for the covered arena project, a client clinical meeting space, a parent waiting area, expansion of therapeutic riding program barn, additional ADA restrooms, larger storage is needed for heavy equipment/hay/food, and a centralized staff work building. With this additional funding, we will have the ability to care, maintain & manage the expansion projects that had been funding through 2023/2024 appropriations

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	140,000
Total State Funds Requested	140,000

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)	140,000	30%
Matching Funds		
Federal	124,430	27%
State (excluding the amount of this request)	200,000	43%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	464,430	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		
2023-24	0	200,000	474B	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)?

Yes

c. What is the estimated start date of construction?

01/01/2024

d. What is the estimated completion date of construction?

12/31/2025

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

Service generated revenue from mental health counseling sessions, therapeutic riding sessions, annual fundraising events and general donations

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.

Healing Hoof Steps Corporation, a 501c3 organization, holds title to the real property where all improvements exist. Healing Hoof Steps is governed by a 12-person Board of Directors and operated by a Chief Executive Officer, Clinical Director and Therapeutic Riding Program Director

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	Completion of covered arena project with electrical & lighting, convert existing space into a Mental Health client group meeting room, expand therapeutic/adaptive riding barn, add additional ADA restroom facilities, add a parent waiting area, add a centralized administration building and add a heavy equipment/hay/food storage.	140,000
Total State Funds Requested (must equal total from question #6)		140,000

13. Program Performance

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



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Our goal is completion of our facility expansion projects funded through 2023/2024 appropriation which will add safety, storage, and workspaces--Electrical & lighting, hay/food storage, client meeting space, parent waiting areas, and centralized staff administration, which will further reduce or eliminate waiting times for our alternative mental health services and enable our ability to provide a positive impact on the mental health of the individuals, families, veterans and at-risk youth within our community

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

Equine-Assisted Mental Health counseling and Therapeutic Horse Riding Services

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

Mental health counseling services and riding lessons are provided by Licensed Clinical Therapists utilizing Mental health counseling services and riding lessons are provided by Licensed Clinical Therapists utilizing evidence-based psychotherapy, and Certified Therapeutic Riding Instructors for those struggling with anxiety, depression, relationship issues, PTSD, sexual trauma, as well as developmental or physical disabilities. All activities involve partnership with horses and provide clients a hands-on, experiential learning environment to achieve specific therapeutic goals/desired outcomes. Reduction of symptoms and improved relationships, productivity, flexibility, balance, muscle strength, and overall life satisfaction are among the most commonly reported benefits.

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

Annual Client Summary: Veterans=47% Military Dependents=33% Active-Duty=8% Civilian (Non-Military)=12% Persons with poor mental health, at-risk youth, developmentally disabled, veterans, active-duty military, students, and victims of crime. The completion of our expansion projects will allow Healing Hoof Steps to serve the mental health needs of approximately 800 individuals per year which is more than double our previous capacity in 2023. Each client engages in a minimum of (4) therapeutic session hours per month.

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

Our counseling program's Licensed Therapists utilize evidence-based psychotherapy and develop individualized treatment plans where therapeutic goals and timelines are determined to achieve an individual's desired outcome for seeking therapy. Psychological rating scales such as PCL-5, PHQ-9, and Life Satisfaction Scales can be utilized in addition to standard new evaluation process for pre/post treatment outcome comparison. Our therapeutic riding program's instructors develop individualized lesson plans with specific goals in mind voiced by participant's guardian/parent during evaluation process and discussed every quarter when feedback is requested about goals met, areas of more focus, new goals/objectives.

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?

Reduction or elimination of any future funding requests

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



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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.