

LFIR # 2219

	Northwest Florida State College - FLDVA Alternative Treatment for Veterans			
Senate Sponsor	George Gainer			
ate of Request	01/03/2020			
Project/Program	Description			
hrough Healing Paws ADA) service dogs to	ELDVA Alternative Treatment Options for for Warriors, a local, veteran found / vete veterans faced with Post Traumatic Streecost" to the veteran with continued suppo	eran led 501 (c)(3) that prov ss Disorder (PTSD), Traum	vides rescue-to-trained America atic Brain Injury (TBI) and/or M	n Disab ilitary S
State Agency to i	· ·	artment of Education		
• •	onrecurring Request for Fiscal	Year 2020-2021		
Type of Funding	g	Amount		
Operations		50,000		
Fixed Capital Ou	ıtlay	000		
Total State Fun	ds Requested	50,000		
atal Businet Con				
-	et for Fiscal Year 2020-2021 (ind			oject
Type of Funding	g	Amount	Percentage	oject
Type of Funding	g s Requested (from question #6)			oject
Type of Funding	g s Requested (from question #6)	Amount	Percentage	oject
Type of Funding Total State Fund Matching Funds Federal	g s Requested (from question #6)	Amount 50000	Percentage 100.0 %	oject
Type of Funding Total State Fund Matching Funds Federal	g s Requested (from question #6)	Amount 50000	100.0 %	roject
Type of Funding Total State Fund Matching Funds Federal State (excluding	g s Requested (from question #6)	Amount 50000 00 00	Percentage 100.0 % 0 % 0 %	roject
Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other	g s Requested (from question #6)	Amount 50000 00 00 00	Percentage 100.0 % 0 % 0 % 0 %	roject
Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Collas this project	s Requested (from question #6) the amount of this request) osts for Fiscal Year 2020-2021 oreviously received state funding most recent instance:	Amount 50000 00 00 00 50,000 mg? Yes	Percentage 100.0 % 0 % 0 % 0 % 100 %	roject
Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Collas this project p	s Requested (from question #6) the amount of this request) osts for Fiscal Year 2020-2021 oreviously received state fundimost recent instance: Amount	Amount 50000 00 00 00 50,000 ng? Yes Spec	Percentage 100.0 % 0 % 0 % 0 % 100 %	roject

50,000

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other	Costs to rescue dogs from shelters, veterinary services/medication, food and kennel care. Expenses to include standard and modified dog-handler equipment to mitigate physical disabilities. Travel to and from (local) rescues, fosters, and training venues.	25,000
Consultants/Contracted Services/Study	Contracted service evaluates dogs from shelters, provides input to veterinary/ kennel care and dog training. Consultant reviews standard and modified dog-handler equipment; mitigating physical disabilities. Evaluates and provides education for veteran-specific dog training.	25,000
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
-		
Total State Funds Re	equested (must equal total from question #6)	50,000



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11	١.	Pro	gram	Perf	orm	ance
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the agreement

a.	What specific purpose or goal will be achieved by the funds requested?
	HP4Ws program's purpose is to Save a Veteran / Rescue a Dog. It is a program that reduces veteran suicide and canine euthanizing; pairing one veteran and one dog – saving 2 lives.
b.	What activities and services will be provided to meet the intended purpose of these funds?
	It will provide a veteran program to learn about responsibility and gain a service dog, also known as a medical device that will assist in their day-to-day activities. Once program is completed, (x2) dog-handler certifications completed and graduation recognizing their efforts will be provided giving a sense of accomplishment and re-engage with their families and local communities Increase community awareness to veteran suicide and saving/providing dogs a second chance.
C.	What direct services will be provided to citizens by the appropriation project?
	Operational costs will assist in providing service dogs expenses and veteran dog-handler education. It has been reflected in multiple surveys, that highly-trained service dogs are considered a medical device for the veteran; decreasing destructive behavior by the individual or in the community.
d.	Who is the target population served by this project? How many individuals are expected to be served?
	Jobless persons, University/College students, military veterans, 800 +
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
	Improve physical health, mental health, quality of education, increase economic activity, and enhance specific individual's economic self worth: successful educational and career outcomes for veterans, the number of Veterans placed into the workforce or continuing their education, increased number of veterans, active duty, and military dependents successfully completing a certificate, associate, or baccalaureate degree, count of veterans, active duty, and military dependents served by the Veterans Success Center, and attainment of a job with a sustainable family wage.
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?
	The Department may terminate the agreement at ant time in the event of the failure of the College to fulfill any of its obligations under



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Re	equestor Contact	Information		
a.	First Name	Devin	Last Name Stephenson	
b.	Organization	Northwest Florida State College		
C.	E-mail Address	dstephenson@nwfsc.edu		
d.	Phone Number	(850)729-5360	Ext.	
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	ecipient Contact			
a.	Organization	Jack Capra		
b.	Municipality and	County Okaloosa		
c.	Organization Typ	pe		
	O For-profit E	ntity		
	O Non-Profit 5	501(c) (3)		
	O Non-Profit 5	501(c) (4)		
	Local Entity	,		
	O University or College			
	Other (plea	se specify)		
d.	First Name	Sheila	Last Name Hale	
e.	E-mail Address i	nfo@healingpawsforwarriors.org		
	Phone Number			
_				
	obbyist Contact I	nformation		
	Name	Jack Capra		
b.	Firm Name	Northwest Florida State College		
_	E-mail Address	capraj@nwfsc.edu		