

1. Project Title

### The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

Emerald M Therapeutic Riding Center

**LFIR # 1465** 

•					
2. Senate Sponsor	Danny Burgess				
3. Date of Request	11/15/2023				
4. Project/Program D	escription				
in the foster system active-duty military	de free equine-assisted the or who have been adopted and veterans. Services included health support services, a	l, children wit ude physical	th physical, emotiona , occupational, or sp	al, or behavioral cha eech therapies incoi	allenges, and children of rporating hippotherapy,
5. State Agency to re	ceive requested funds	Departme	ent of Children and F	amilies	
State Agency conta	acted? No				
•		1 .	. 4 . 0.0.5		
b. Amount of the Non	recurring Request for Fis	cai Year 202	24-2025		
Type of Funding			Amo	ount	
Operations				120,000	
Fixed Capital Outlay	У			0	
<b>Total State Funds</b>	Requested			120,000	
7 Total Project Cost	for Fiscal Year 2024-2025	(including n	matahina funda aya	ilabla for this proje	not\
•	101 F15Ca1 Tea1 2024-2025	(including i	matering runus ava	mable for this proje	;c()
Type of Funding			Amount	Percentage	
	Requested (from question #	6)	120,000	100%	
Matching Funds					
Federal			0	0%	
, ,	amount of this request)		0	0%	
Local			0	0%	
Other			0	0%	
<b>Total Project Cost</b>	s for Fiscal Year 2024-202	5	120,000	100%	
8. Has this project pr	eviously received state fu	ınding?	Yes		
Fiscal Year	Amount		Specific	Vetoed	

	1.000			
2023-24	0	75,000	315	No

**Nonrecurring** 

9. Is future funding likely to be requested?

(yyyy-yy)

Yes

a. If yes, indicate nonrecurring amount per year.

Recurring

150,000

Appropriation #

b. Describe the source of funding that can be used in lieu of state funding.

Currently we are an approved provider for Step Up for Students. We actively raise money throughout the year from our generous supporters through fundraising campaigns and our website. We also host a Derby Day event, which is our annual fundraiser, that secures monetary support from individuals and local businesses who support our mission.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



No

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If yes, indicate the amount of funds received and what the funds were used for.	
Complete questions 11 and 12 for Fixed Capital Outlay Projects	
11. Status of Construction	

Planning	O Design	Construction	O N/A			
b. Is the project	"shovel ready" (	(i.e permitted)?				
c. What is the es	stimated start da	te of construction?				
d. What is the es	stimated comple	tion date of construc	ction?			
12. List the owners relationship be	s of the facility to	o receive, directly or rs of the facility and	indirectly	,, any fixed capital	outlay funding.	Include the

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

a. What is the current phase of the project?

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: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study	Free equine-assisted therapy to all our pediatric participants, to include children w/ cancer, in the foster system, who have been adopted, those w/ physical, emotional, or behavioral challenges, and children of active duty and military veterans. Services include physical, occupational, or speech therapies incorporating hippotherapy, emotional/behavioral health support services, & Horse Powered Reading® for educational & learning disabilities.	120,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	120,000

### 14. Program Performance

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



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To be able to provide free equine-assisted therapy services to all our pediatric participants, to include children with cancer, in the foster system or who have been adopted, children with physical, emotional, or behavioral challenges, and children of active-duty military and veterans. Services include physical, occupational, or speech therapies incorporating hippotherapy, emotional/behavioral health support services, and Horse Powered Reading® and math for educational and learning disabilities.

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

Physical therapy incorporating hippotherapy, emotional and behavioral support, equine facilitated learning, adaptive horse riding, Horse Powered Reading® and math, and various support groups for caregivers.

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

Physical therapy incorporating hippotherapy, emotional and behavioral support, equine facilitated learning, adaptive horse riding, Horse Powered Reading® and math to children children w/ cancer, children in the foster system, or who have been adopted, those w/ physical, emotional/behavioral/learning challenges, and children of active duty and military veterans.

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

Children with poor mental or physical health, children who are economically disadvantaged, or at risk, children that are developmentally or physically disabled, pre-school, grade school and high scholl students, children with cancer & their families, children in the foster system or recently adopted and caregivers. Number expected to be served 101-200.

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

Improve physical, emotional & behavioral health by improving quality of life and independence through equine assisted therapies. These activities result in improvement in the ability to walk, balance, core strength, body awareness, and coordination, coping skills for things like depression, PTSD, anxiety, etc., increased confidence and focus, lowering distraction, and situational awareness. Measured by using a survey of function at the time of the child's first visit and discharge.

Improve quality of education through the use of Horse Powered Reading® and math for children that struggle with a learning disability or other diagnosis that would result in difficulty in learning (dyslexia, auditory processing disorder, ASD, ADHD, etc.) We service children who are home-schooled due to various reasons such as being in the foster system, who have severe physical disabilities, trauma or experience behavioral challenges. Measured through testing, or school reports.

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 the contract?

Contract termination, and return of unused service funds, if any. Data review and evaluation to determine reason for inability to meet deliverables and implement fail-safes for the future.

15. Requester Contact Information					
a. First Name	Lisa	Last Name	Michelangelo		
b. Organization	Emerald M Therapeutic Riding Center				
c. E-mail Address	emeraldmfarm@gmail.com				
d. Phone Number	(352)428-1772 <b>Ext.</b>				
16. Recipient Contact Information					
a. Organization	anization Emerald M Therapeutic Riding Center				
b. Municipality and County Hernando					

c. Organization Type



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□For Profit Entity							
☑Non Profit 501(c	☑Non Profit 501(c)(3)						
□Non Profit 501(c	2)(4)						
□Local Entity							
□University or Co	llege						
□Other (please sp	pecify)						
d. First Name	Lisa	Last Name	Michelangelo				
e. E-mail Address	emeraldmfarm@gmail.co	om					
f. Phone Number	(352)428-1772						
17. Lobbyist Contact Information							
a. Name	None						
b. Firm Name							
c. E-mail Address							
d. Phone Number							