



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2441

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

K9s For Warriors is requesting funding to cover construction costs necessary to increase the number of veterans receiving a service dog, direct peer support, suicide intervention, crisis intervention, and family/spousal support.

Roughly 20 veterans die by suicide every day, and K9s For Warriors is committed to change that. Determined to end veteran suicide, K9s For Warriors provides highly-trained Service Dogs to military veterans suffering from PTSD, traumatic brain injury and/or military sexual trauma. With the majority of our dogs coming from high-kill rescue shelters, our innovative program allows the Warrior/K9 team to build an unwavering bond that facilitates their collective healing and recovery. During the 21-day training process, veterans learn and practice skills that allow them to regain their independence.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	3,000,000
Total State Funds Requested	3,000,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,000,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	3,000,000	50%
Total Project Costs for Fiscal Year 2024-2025	6,000,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	2,500,000	578A	No

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

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

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



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

K9s For Warriors received federal funding related to the COVID-19 pandemic in the amount of \$901,624.82 on May 11, 2020. These funds were used for salary expenses.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

K9s For Warriors, Inc. is the sole owner of the facilities in this project.

13. 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: Other		
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	These funds will be used to complete construction of the K9s For Warriors - Facilities Paired with Veterans PTSD Service Dogs.	3,000,000
Total State Funds Requested (must equal total from question #6)		3,000,000

14. Program Performance

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



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K9s For Warriors is committed to ending veteran suicide and returning veterans to a life of dignity and independence. This funding will be used to provide a trained service dog, housing, meals, equipment, veterinary care, training, and wrap around support services to Florida veterans, and wrap around support services and training for the spouses, children, or other family and friends who are the direct support-givers for the Florida veterans in our program.

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

K9s For Warriors provides a trained Service Dog, lifelong peer-to-peer support, suicide intervention, crisis intervention, family and spousal support, and assistance with any other issues that a veteran may need assistance with to maintain stability in their life. K9s also provides training and support focused on the unique needs of family members serving as Caregivers for our veterans.

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

K9s For Warriors trains and pairs veterans with an ADI-certified service dog and provides direct peer support, suicide intervention, crisis intervention, and family/spousal support. Additionally, K9s provides training and support focused on the unique needs of spouses, children, and other family members serving as Caregivers for our veterans.

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

Veterans of all eras diagnosed with PTSD, TBI, and/or MST and their caregivers. Over 200 veterans are expected to be served.

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

Higher morning Cortisol output, indicative of healthier stress levels; reduced PTSD symptoms; better physiological well-being, and a significant reduction in PTSD symptoms from baseline following receipt of Service Dog..

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?

Standard contract penalties are sufficient.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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



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University or College

Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number