

**LFIR # 1342** 

1. Project Title	Persaud Legacy Equine The	rapy Center			
2. Senate Sponsor	Stan McClain				
3. Date of Request	11/20/2025				
4. Project/Program Do	escription				
, ,	•	agree in Marian Caus	h. Clarida Tha Darasad	a violen in met ivet to	
offer world-class spo assists with the deve disabilities and milita	by Farm is located on over 1,000 ort horse facilities, but to also proble lopment of the Persaud Legacy ary veterans suffering from PTSI luding therapy areas and equipn	ovide sustainable, equi Dequine Therapy Cent D. Funds for this projec	ne therapy on a large so er to provide services to et will be used in build ou	cale. This project children with ut of the Equine	
5. State Agency to re-	ceive requested funds Ag	gency for Persons with	Disabilities		
State Agency conta	acted? No	<u> </u>			
6. Amount of the Non	recurring Request for Fiscal Y	ear 2026-2027			
Type of Funding			Amount		
	Operating		(	4	
Fixed Capital Outlay			5,000,000		
Total State Funds	Total State Funds Requested		5,000,000	)	
7 Total Project Cost f	<b>-</b>				
1. TOTAL FIOJECT COSTI	or Fiscal Year 2026-2027 (incl	uding matching fund:	s available for this pro	ject)	
Type of Funding	or Fiscal Year 2026-2027 (Incl	Amount	s available for this pro  Percentage	ject)	
Type of Funding	equested (from question #6)		Percentage		
Type of Funding	·	Amount	Percentage		
Type of Funding Total State Funds R	·	Amount	Percentage		
Type of Funding Total State Funds R Matching Funds Federal	·	Amount	Percentage ,000 100%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	equested (from question #6)	Amount	Percentage ,000 100%  0 0% 0 0% 0 0% 0 0%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the	equested (from question #6)	Amount	Percentage ,000 100% 0 0% 0 0%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	equested (from question #6)	Amount	Percentage ,000 100%  0 0% 0 0% 0 0% 0 0%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pro	equested (from question #6) amount of this request)	5,000	Percentage ,000 100%  0 0% 0 0% 0 0% 0 0%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the	equested (from question #6)  amount of this request)  s for Fiscal Year 2026-2027  eviously received state funding	5,000  5,000  Specific	Percentage ,000 100%  0 0% 0 0% 0 0% 0 100%  Vetoed		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profess, provide the	equested (from question #6)  amount of this request)  s for Fiscal Year 2026-2027  eviously received state funding most recent instance:	5,000  5,000  Specific	Percentage ,000 100%  0 0% 0 0% 0 0% 0 100%  Vetoed		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project professel yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year funding a. If yes, indicate n	equested (from question #6)  amount of this request)  s for Fiscal Year 2026-2027  eviously received state funding most recent instance:  Amount	Amount 5,000 5,000 g? No Specific Appropriation No	Percentage ,000 100%  0 0% 0 0% 0 0% 0 100%  Vetoed  n #		



10. Status of Construction

13. Program Performance

Planning

a. What is the current phase of the project?

O Design

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?

Total State Funds Requested (must equal total from question #6)

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

## The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

N/A

Yes

3/1/2026 03/01/2027 **LFIR # 1342** 

5,000,000

### Complete questions 10 and 11 for Fixed Capital Outlay Projects

Construction

Mr. Persaud and the Persaud Leg project.	acy Foundation will bear ongoing operations and maintenance costs s	surrounding this
List the owners of the facility to relationship between the owner	receive, directly or indirectly, any fixed capital outlay funding. In	clude the
Danny Persaud and Persaud Leg Legacy Equine Therapy Center.	acy Farms own and operate the Persaud Legacy Farms, including the	Persaud
Details on how the requested sta	ate 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		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/ Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	As the Persaud Legacy Equine Therapy expands, this funding will be used to build resource room for families to utilize while their participant's are in session, including commercial grade kitchen for providing meals. Additionally, funding will be used to expand paddock and stable space for therapy horses, as well as purchase needed therapy equipment to allow for increased volume of treatment.	5,000,00



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Equine Therapy Programs improve quality of life, and the physical, social and emotional well-being. These therapies produce measurable functional improvements in balance, control, muscular strength, endurance, and cardiovascular fitness for special needs children. Additionally, veterans see improvements in self-confidence, healthy coping skills and stress management skills, and reductions in symptoms related to PTSD, depression and suicidal ideation. This funding will allow Persaud Equine Therapy Center to expand and offer greater access to such therapies for these groups.

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

The fixed capital outlay funding enables expansion of facilities for the Persaud Equine Therapy Center. With such expansion, the center will be able to offer increased therapeutic riding to improve balance coordination, and motor skills. It will also allow additional equine activities like grooming, leading, and bonding with horses to encourage responsibility and emotional regulation. Further, there will be increased veteran and first responder programs to support emotional healing for those dealing with PTSD.

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

The Persaud Equine Therapy Center provides hippotherapy for special needs children, military veterans, and first responders. This includes Equine Psychotherapy group sessions for individuals recovering from trauma, addiction, and mental challenges.

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

There are two primary target populations for the Persaud Equine Therapy Center:

- Children with Autism and disabilities.
- Military Veterans and First Responders suffering from PTSD.

The vision of the Persaud Equine Therapy Center is to become a national leader and destination in equine therapy and this expansion would enable the center to meet that goal at a wider scale.

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

Primary outcomes are:

☐ Yes, Applied

- Mental health and emotional resilience.
- Improved social and behavioral functioning.
- Better over all quality of life for those receiving therapy and their families.

The Persaud Equine Therapy Center is partnering with therapists and researchers at the University of Florida to track these outcome.

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?

. Is th	his 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 infastructure)
b. Na	ame of the natural disaster (or Executive Order # for events not under a federal declaration):



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☐ Yes, Received					
□ No					
☐ No, but intends to	o apply				
a. If yes, provide th	e FEMA project works	sheet ID#:			
	. ,				
b. Provide the total	project cost listed on	the FEMA proje	ect worksheet:		
16. Has the entity ann	lied for or received sta	ato assistanco (	for this project (other t	than this request\2	
☐ Yes, Applied	med for or received sta	ite assistance i	or this project (other t	man mis requesty:	
☐ Yes, Received					
□ No					
☐ No, but intends to	o apply				
a. If yes, specify the Commerce):	e program and state a	gency (ex. Loca	al Government Emerge	ency Bridge Loan, D	Department of
47.5					
17. Requester Contact a. First Name		Last Name	Porcoud		
	Danny				
b. Organization	Foundation	е тпегару Сепи	er and Persaud Legacy		
c. E-mail Address	Danny@persaudlegac	y.com			
d. Phone Number	(813)313-7882	Ext.			
18. Recipient Contact	Information				
a. Organization	Persaud Legacy Found	dation			
b. Municipality and	d County Marion				
c. Organization Ty	pe				
□For Profit Entity					
☑Non Profit 501(d	c)(3)				
□Non Profit 501(d	c)(4)				
□Local Entity					
□University or Co	llege				



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⊔Other (please sp	pecify)			
d. First Name	Danny	Last Name	Persaud	
e. E-mail Address	Danny@persaudlegacy.co	om		
f. Phone Number	(813)313-7882	Ext.		
19. Lobbyist Contact I	nformation			
a. Name	None			
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.