



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1392

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Guardian Angels Medical Service Dogs Inc. (GAMSD), a nonprofit headquartered in Williston Florida, serves permanently disabled veterans and their families by training and donating medical service dogs to those in need. Demand for service dogs has dramatically increased, and GAMSD now cares for over 70 dogs at its Florida campus. Recent very severe hurricanes have caused operational challenges that force the relocation of outdoor-housed dogs indoors for protection. Training must halt, storm damage must be repaired, and dogs experience training setbacks. Capital funds will construct a training building with attached 34'x100' housing units and 10'x20' outdoor runs. Indoor, climate-controlled canine housing will safeguard dogs, trainers and recipients during severe storms and reduce program disruptions. Operational funds will ensure training continuity and safety during construction.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	100,000
Fixed Capital Outlay	1,150,000
Total State Funds Requested	1,250,000

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,250,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	1,250,000	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		

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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This would represent the 2nd and final year of a one-time investment. Additional funding will allow us to complete essential upgrades to our veterinary hospital and staff workspace. While our programs have long been sustained through grass-roots community support, raising funds for capital improvements is especially difficult without government assistance. As a nonprofit providing a vital public service, we believe it is both appropriate and well deserved that government support this effort.

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)?

No

c. What is the estimated start date of construction?

3/1/2026

d. What is the estimated completion date of construction?

9/30/2026

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

General operating funds will be used.

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.

Guardian Angels Medical Service Dogs is the owner and the entity.

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	Costs required to ensure training continuity during construction.	100,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Design, engineering, building construction and utilities plus stand-by generator for operational outages.	1,150,000
Total State Funds Requested (must equal total from question #6)		1,250,000

13. Program Performance

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



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The goal is to reduce wait times and improve outcomes for veteran applicants experiencing depression, suicidal ideation, PTSD, or mobility challenges. They need service dogs for confidence, safety, stability, and independence. Major storms damage our outdoor housing yards, halt training, and leave applicants and those needing successor dogs waiting longer. Timely access helps veterans more quickly achieve self-sufficiency.

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

Activities include constructing a 40'x50' climate-controlled indoor training building with attached 34'x100' dog housing and 10'x20' outdoor runs. The facility will feature a dedicated training room, resilient infrastructure, secure fencing, and a standby generator. During construction, operations will be adjusted to maintain safety and continuity of training and care.

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

Permanently disabled Florida citizens will directly benefit from timely pairing with highly trained service dogs that mitigate mobility impairments, seizure and diabetic disorders, hearing loss, and PTSD symptoms. Climate-controlled housing ensures training continuity, reducing delays and enabling faster placement of service dogs to residents statewide.

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

The project serves permanently disabled Florida veterans, first responders, and civilians who apply for medical service dogs. Each year, 30–40 Floridians are expected to receive service dogs from GAMSD, positively impacting not only recipients but also their families and caregivers. We expect to serve 400 Florida recipients plus family/caregivers within 10 years.

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

Expected outcomes include uninterrupted training operations, faster pairing of dogs with recipients, and improved recipient outcomes such as reduced isolation, increased independence, and enhanced quality of life. Outcomes will be measured through program records (number of dogs housed, trained, and paired annually), reduction in training delays, and quarterly evaluations of recipient progress and well-being.

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?

Suggested penalties may include withholding of partial reimbursement until construction milestones or service delivery targets are met.

14. Is this project related to mitigation, response, or recovery from a natural disaster? ☒ Yes

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):

Hurricane Idalia (DR-4734), Hurricane Helene (DR-4828), and Hurricane Debby (PA A-B)

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☒ No



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☐ 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

☐ Other (please specify)

d. First Name Last Name



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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.