

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

LFIR # 1960

1. Project Title	Gulf County Veteran and First F	Responder Service Dog Tr	raining Center	
2. Senate Sponsor	Corey Simon			
3. Date of Request	12/8/2025			
4. Project/Program De	escription			
funding will be used	is committed to ending veteran ar to complete construction of the are I allow us to train dogs and provide	ea's first service dog traini	ng facility for vetera	ns and first
5. State Agency to red	ceive requested funds Department	artment of Commerce		
State Agency conta	icted? No			
		- 2020 2027		
6. Amount of the Nonr	recurring Request for Fiscal Yea	Ir 2026-2027		
Type of Funding		Amo	unt	
Operating			36,740	
Fixed Capital Outlay			423,000	
Total State Funds F	Requested		459,740	
7. Total Project Cost f	or Fiscal Year 2026-2027 (includ	ing matching funds avai	lable for this proje	ect)
Type of Funding		Amount	Percentage	
	equested (from question #6)	Amount 459,740	Percentage 47%	
	equested (from question #6)			
Total State Funds R	equested (from question #6)			
Total State Funds R Matching Funds Federal	equested (from question #6) amount of this request)	459,740	47%	
Total State Funds R Matching Funds Federal		459,740	47%	
Total State Funds Romatching Funds Federal State (excluding the		459,740 0 0	47% 0% 0%	
Total State Funds Romatching Funds Federal State (excluding the Local Other		459,740 0 0 400,000	47% 0% 0% 41%	
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre	amount of this request)	459,740 0 0 400,000 122,000 981,740	47% 0% 0% 41% 12%	
Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profif yes, provide the inferior of the project of the	amount of this request) s for Fiscal Year 2026-2027 eviously received state funding? most recent instance: Amount	459,740 0 0 400,000 122,000 981,740 No Specific	47% 0% 0% 41% 12%	
Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profif yes, provide the local	amount of this request) s for Fiscal Year 2026-2027 eviously received state funding? most recent instance:	459,740 0 0 400,000 122,000 981,740 No Specific	47% 0% 0% 41% 12% 100%	
Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profif yes, provide the inferior of the project of the	amount of this request) s for Fiscal Year 2026-2027 eviously received state funding? most recent instance: Amount	459,740 0 0 400,000 122,000 981,740 No Specific	47% 0% 0% 41% 12% 100%	
Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profif yes, provide the romatch for the r	amount of this request) s for Fiscal Year 2026-2027 eviously received state funding? most recent instance: Amount	459,740 0 0 400,000 122,000 981,740 No Specific	47% 0% 0% 41% 12% 100%	
Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project predict of the remark of the remar	amount of this request) s for Fiscal Year 2026-2027 eviously received state funding? most recent instance: Amount Recurring Nonrecurring	459,740 0 0 400,000 122,000 981,740 No Specific Appropriation #	47% 0% 0% 41% 12% 100%	
Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project present of the second of the secon	amount of this request) s for Fiscal Year 2026-2027 eviously received state funding? most recent instance: Amount Recurring Nonrecurring ing likely to be requested?	459,740 0 0 400,000 122,000 981,740 No Specific Appropriation #	47% 0% 0% 41% 12% 100%	



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10. Status of Constr

a. What is the current phase of the project?

/A
No
01/15/2026
03/30/2027
s and maintenance of the project?
ons for the facility.
ectly, any fixed capital outlay funding. Include the ntity.
ns or

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	lodging/meals/fuel during the initial phases of construction	18,240		
Consultants/Contracted Services/Study		0		
Operational Costs				
Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study	IT system equipment design and installation, monthly maintenance	18,500		
Fixed Capital Construction/Majo	or Renovation:			
Construction/Renovation/Land/ Planning Engineering	Building, concrete, RV pads, RV hookups, electrical, plumbing infrastructure	423,000		
Total State Funds Requested (must equal total from question #6) 459,74				

13. Program Performance

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

Forgotten Coast K9 is committed to ending veteran and first responder suicide through the use of service dogs. This funding will be used to complete construction of the area's first service dog training facility for veterans and first responders. This will allow us to train dogs and provide mental health care in a safe and comfortable environment.

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

Funds will be used for the construction of our training facility, offices, and student housing. The funds will also provide for all permitting, engineering and design, construction oversight.

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



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Our program is a 26-30 week program. We provide the dog and all training and equipment needed to make a

successful partnership between student and dog. There will also be a mental health consultant available to the students while on campus. d. Who is the target population served by this project? How many individuals are expected to be served? Veterans and first responders suffering from PTSD and other ailments due to their service. We hope to serve in excess of 800 persons during our tenure at this location. e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? We expect to reduce suicidal ideation among our students, along with reduced substance abuse. 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? In the event Forgotten Coast K9 fails to meet the contractual deliverables, the financial consequences would be that overseeing agency would hold funding until compliance is achieved. 14. Is this 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. Name of the natural disaster (or Executive Order # for events not under a federal declaration): 15. Has the entity applied for or received federal assistance for this project? ☐ Yes, Applied ☐ Yes, Received □ No □ 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, Received

☐ Yes, Applied

□ No



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□ No, but intends t	,				
a. If yes, specify th Commerce):	e program and state age	ency (ex. Loca	I Governmen	t Emergenc	y Bridg
7. Requester Contact	t Information				1
a. First Name	Chris	Last Name	O'Brian		
b. Organization	Forgotten Coast K9, Inc				
c. E-mail Address	chris@forgottencoastk9.	org			
d. Phone Number	(850)508-7386	Ext.			
8. Recipient Contact	Information				
a. Organization	Forgotten Coast K9, Inc				
b. Municipality and					
c. Organization Ty					
□For Profit Entity	•				
☑Non Profit 501(d	c)(3)				
□Non Profit 501(d	c)(4)				
□Local Entity					
□University or Co	llege				
□Other (please s _l	pecify)				
d. First Name	Chris	Last Name	O'Brian		
e. E-mail Address	chris@forgottencoastk9.	org			
f. Phone Number	(850)508-7386	Ext.			
9. Lobbyist Contact I	nformation				
a. Name	William E. Helmich				
b. Firm Name	Helmich Consulting				
c. E-mail Address	bill@helmichconsulting.d	com			
d. Phone Number	(850)251-3126				

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.