

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Northwest Florida State College Service Dogs for Veterans
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Mel Ponder
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					50,000	50,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Veterans' Affairs
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

The Department may terminate the agreement at any time in the event of the failure of the College to fulfill any of its obligations under the agreement

6. Requester:

- a. Name: Devin Stephenson
- b. Organization: Northwest Florida State College
- c. Email: dstephenson@nwfsc.edu
- d. Phone #: (850)729-5360

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Sheila Hale
- b. Organization: Healing Paws for Warriors
- c. Email: info@healingpawsforwarriors.org
- d. Phone #: (850)716-8198

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Jack Capra
- b. Firm: Northwest Florida State College
- c. Email: capraj@nwfsc.edu
- d. Phone #: (850)729-4972

9. Organization or Name of entity receiving funds:

- a. Name: Northwest Florida State College
- b. County (County where funds are to be expended): Okaloosa, Walton
- c. Service Area (Counties being served by the service(s) provided with funding): Okaloosa

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College

Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Working through the FLDVA Alternative Treatment Options for Veterans (CS/CS/HB 501) program, Northwest Florida State College, through Healing Paws for Warriors, a local, veteran found / veteran led 501 (c)(3) that provides rescue-to-trained American Disability Act (ADA) service dogs to veterans faced with Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and/or Military Sexual Trauma (MST) at “no cost” to the veteran with continued support.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter “0” if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Costs to rescue dogs from shelters, veterinary services/medication, food and kennel care. Expenses to include standard and modified dog-handler equipment to mitigate physical disabilities. Travel to and from (local) rescues, fosters, and training venues.	15,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracted service evaluates dogs from shelters, provides input to	35,000

	veterinary/ kennel care and dog training. Consultant reviews standard and modified dog-handler equipment; mitigating physical disabilities. Evaluates and provides education for veteran-specific dog training.	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		50,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Fully supported by Northwest Florida State College, a FCS institution

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

O'Haire, M. E., & Rodriguez, K. E. (2018). Preliminary efficacy of service dogs as a complementary treatment for posttraumatic stress disorder in military members and veterans. *Journal of Consulting and Clinical Psychology, 86*(2), 179–188.
<https://doi.org/10.1037/ccp0000267>

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Working through the FLDVA Alternative Treatment Options for Veterans (CS/CS/HB 501) program, NWFL State College, through Healing Paws for Warriors, will provide a program to train and provide service dogs that will assist military veterans and active duty members in their day-to-day activities. Once the program is completed, (x2) dog-handler certifications completed and graduation recognizing their efforts will be provided giving a sense of accomplishment and re-engage with their families

17b. Describe the direct services to be provided to the citizens by the funding requested.

Appropriation will provide service dogs expenses and training to provide service dogs that will assist military veterans and active duty members. Increase community awareness to veteran suicide and saving/providing dogs a second chance

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students

- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Veterans faced with PTSD, TBI and/or MST

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Improvement of veteran's physical and mental health, improvement of economic activity, enhanced individual self-sufficiency, and community awareness	Re-engage with their family and community; increasing their mental health awareness and reduced medication. Economic activity will increase as veterans will become more involved with volunteering, working, and socializing
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and		

wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations	50,000	100.0%	N/A

Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	50,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No