

**The Florida House of Representatives**  
**Appropriations Project Request - Fiscal Year 2022-23**  
For projects meeting the definition of House Rule 5.14

1. Title of Project: K9 Partners for Patriots Mental Health Expansion
2. Date of Submission: 11/16/2021
3. House Member Sponsor: Blaise Ingoglia

**4. Details of Amount Requested:**

- a. Has funding been provided in a previous state budget for this activity? No
- 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 2021-22 <i>(If appropriated in 2021-22 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2022-23 <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	Recurring Base Budget	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>
Input Amounts:					175,000	175,000

- e. Provide the total cost of the project for FY 2022-23 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 Project Request	175,000	100.0%	N/A
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

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5. Other	0	0.0%	No
<b>TOTAL</b>	<b>175,000</b>	<b>100%</b>	

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

Yes

a. How much state funding would be requested after 2022-23 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

- Ongoing activity – no total cost
- <1M
- 1-3M
- >3-10M
- >10M

6. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Veterans' Affairs

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

b. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

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The suggested penalties that may occur for failing to meet deliverables would be the lack of resources to expand the mental health services that we offer for our veterans/active duty service members and their immediate families.

7. Requester:

- a. Name: Jennifer Licata
- b. Organization: K9 Partners for Patriots Inc
- c. Email: jennifer@k9partnersforpatriots.com
- d. Phone #: (352)345-4203

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

- a. Name: Jennifer Licata
- b. Organization: K9 Partners for Patriots Inc
- c. Email: jennifer@k9partnersforpatriots.com
- d. Phone #: (352)345-4203

9. Registered lobbyist working to secure funding for this project.

- a. Name: Carole L. Duncanson
- b. Firm: CLD & Associates LLC
- c. Email: carolecl@aol.com
- d. Phone #: (850)566-9056

10. Organization or Name of entity receiving funds:

- a. Name: K9 Partners for Patriots Inc
- b. County (County where funds are to be expended): Hernando
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

11. What type of organization is the entity that will receive the funds?

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

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

At K9P4P, we are focused on eliminating veteran suicide through our service dog training program. In order to fulfill that mission, we are looking to expand the mental health support groups we offer for our veterans & their families with a focus on psycho-education groups; allowing our participants to develop skills to better assist with PTSD symptoms. Using our current program analysis, we are confident we will see a significant decrease in suicidal ideation & behavior & overall PTSD symptoms.

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

Spending Category	Description	Amount Requested (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	\$120,000 to purchase literature print material, audio/visual component, license for material, and additional technology to expand the services and counseling of mental health groups and therapy	120,000

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<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	\$55,000 to contract with a Licensed Clinical Social Worker to conduct group therapy classes and individual therapy sessions.	55,000
<b>TOTAL</b>		<b>175,000</b>

14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?
- 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)
15. Is the project request an information technology project?  
No
16. 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?  
No
17. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?  
No
18. Will the requested funds be used directly for services to citizens?  
Yes
- a. What are the activities and services that will be provided to meet the purpose of the funds?

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The Activities and Services that will be provided include additional mental health counseling groups and additional counseling services offered to our veterans and their immediate family members

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

Direct Services provided to the citizen include psycho education classes both in the individual and group counseling setting.

c. 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 & Active Duty

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

- < 25
- 25-50
- 51-100
- 101-200

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- 201-400
- 401-800
- >800

19. 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 or outcome
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	The expected benefit s an overall improvement in the mental health, independence, and relationships of our veterans. We also believe our veterans will see a greater decrease in suicidal ideation and behaviors, negative alterations, and a decrease in overall PTSD symptoms	The methodology in which this outcome will be measured is through our pre and post analysis that is currently conducted at the start of the program, at the end of the program, 1 month, 3 month, and 6 months after the completion of the program. This assessment is a combination of the PTSD checklist for DSM-5 (PCL-5) and the Trauma Symptom Inventory (TSI-2).
<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.)		

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<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):		