



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3150

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Maintenance and expansion of evidence-based, free-of-charge therapy center for children experiencing grief and loss. Center and therapists are in Pensacola. This will maintain that program and expand the program into the Walton/Bay County areas. This therapy center successfully serves children who not only have lost a family member, but also who have had a family member deployed, jailed, who abandoned them, have been removed from their homes, or experienced a disaster. Childhood grief and loss therapy reduces long term risk factors, such as poor mental health, violent criminality, substance abuse, or poor academic performance.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 875,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 875,000 |

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|------------------|-------------|
| Total State Funds Requested (from question #6) | 875,000 | 71% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 350,000 | 29% |
| Total Project Costs for Fiscal Year 2024-2025 | 1,225,000 | 100% |

8. Has this project previously received state funding?

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2023-24 | 0 | 750,000 | 378 | No |

9. Is future 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.

Private donations and grants are used as matching dollars.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Local Funding Initiative Request

Fiscal Year 2024-2025

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If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. 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.

13. Details on how the requested state funds will be expended

| Spending Category | Description | Amount |
|--|--|----------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | Salary & Benefits of Executive Director | 102,000 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | Salary & Benefits for the Clinical Director, Administrative Support (scheduling, paperwork, patient coordination), 3 Counselors/Therapists, 4 Therapy Interns. Benefits. | 431,000 |
| Expense/Equipment/Travel/Supplies/Other | 300 memory maker boxes, 250 counselor kits, 250 children connect kits, 6 camp sessions, activities, family nights, outdoor therapeutic supplies, instruments, meditation space and training. | 274,400 |
| Consultants/Contracted Services/Study | Art Therapist, Music Therapist, EMR System/Software costs. | 67,600 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 875,000 |

14. Program Performance

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

Continue therapy services for children in Northwest Florida, expansion of services into additional counties requesting children's therapy, expand counselor kits, memory maker boxes, and other grief and loss resources throughout North Florida.



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Local Funding Initiative Request

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

Individual grief therapy for children, family grief support groups, camp connect, school-based support, professional workshops, community resources and grief education, parent packs, crisis response for local schools and Sheriff's Offices, grief support tools. Adds therapists, supports, and resources in additional counties.

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

Provide free-of-cost evidence-based therapy for children experiencing grief and loss. Children who lose a parent by age 18 have an increased incidence of depression, anxiety, PTSD, substance dependence, suicide, self-harm, mortality, violent criminality, or poor academic performance. Six therapy sessions decrease risk-factors by 20%.

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

Children experiencing any form of grief or loss, especially those at the highest risk for long term affects. Over 2,00 children will be served with the resources also offered to family members-- all free-of-cost to the family.

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

Expected benefits are a reduction in risk-factors for children who experienced grief/loss: improved academic performance, reduction of risk score, reduction of likelihood of involvement in criminal justice system by 38%, immediate job creation, reduction of substance dependence/abuse. Data will be populated by electronic monitoring system and reported to DCF.

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 the contract?

Reduction of funding or delay of funds.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. 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)



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Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3150

d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number