



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2717

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Rehabilitate property to serve as Children's Therapy Center for youth and adolescents under 18 years old who are suffering from grief and/or loss. Since Escambia County is #1 in overdose deaths in Florida and 5th in Florida for violent crime, the need for childhood therapy is extensive. The Covenant Care Foundation already provides free-of-cost grief and loss therapy for children, but would like to expand to meet this need. This request includes facility renovations, equipment, and therapy staff.

5. State Agency to receive requested funds

State Agency contacted?  Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	477,000
Fixed Capital Outlay	273,000
<b>Total State Funds Requested</b>	<b>750,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750,000	67%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	363,404	33%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,113,404</b>	<b>100%</b>

8. Has this project previously received state funding?  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?  Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Local Grants including Escambia Children's Trust, Impact 100, and others. Regular donors who have committed to yearly giving. With grants and giving likely not sufficient for operation, we expect to ask for approximately \$500,000 in the future.

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



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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

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Clinical social workers, therapists, specialized play therapist (for small children) and 18% benefits for full-time employees.	301,430
Expense/Equipment/Travel/Supplies/Other	Memory Maker Boxes, Counselor Kits, Children Connect Kits, activity and therapy supplies, EMR system, and camp supplies.	175,570
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Improvements/Additions to home to be used for child therapy center: roof, paint, floors, A/C, plumbing, rewiring, security system, construction, signage, fencing, windows, landscaping, and post-renovation inspections.	273,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>750,000</b>

### 14. Program Performance

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



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Open an evidence based, free-of-charge therapy center for children experiencing grief and loss. This therapy center would serve children who not only have lost an immediate family member, but also who have a parent deployed, jailed, whose parent abandoned them, or who have been removed from their home. Childhood grief and loss therapy reduces long-term risk-factors such as poor mental health, violent criminality, substantiated abuse, and poor academic performance which are associated with childhood bereavement. Though Covenant Care Foundation is already providing many of the resources outlined below, the need is extensive and unmet in the panhandle. Nonie's Place will meet this need and improve lives as well as community.

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

Individual Grief Therapy for Children, family grief and loss support groups, Camp Connect (therapeutic camp), school-based workshops, community resources and grief education, parent packs, crisis response for local schools and sheriff's office, grief support tools and resources, memory maker boxes, grief connect kits, peer support, play therapy

**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 an immediate family member by age 18 (1 in 13 lose a parent or sibling by 18) have increased incidence of: depression, anxiety, PTSD, self-harm, suicide, poor academic performance, mortality due to risky behaviors or illness, and violent criminality. Six therapy sessions reduce these risk factors by 20% while risk factors continue to decrease as therapy continues.

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

Target population: children and teens with poor mental health or who are at-risk for mental health issues, victims of crime, at-risk youth, economically disadvantaged children and families, and homeless children and teens. foster/orphaned youth, children of military veterans and active service members, children of incarcerated adults, children who have lost a home to disaster, children with other forms of grief such as children experiencing severe illness (ie cancer, medical disability).

Over 2,000+ expected to be served. Numbers will be reported regularly to DCF upon expansion.

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

Anticipated benefits are improved mental health, improved academic performance, youth criminal diversion, decreased recidivism, improved school attendance, improvement of long-term economic activity, reduction in long-term "welfare" spending, creation of mental health jobs, reduction of substance abuse, prevention of property and physical harm in community: all benefits will be measured and populated for reporting data via electronic medical records system and submitted to DCF on a regular basis.

**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?**

Cancellation of contract. Funds revert to state.

**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



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- 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**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**