



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2921

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

Funding will provide free-of-charge therapy for children experiencing grief and loss in North Florida - Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Bay, Jackson, Calhoun, Gulf, and Leon. The program serves children who have lost a family member, had a family member deployed, jailed, who abandoned them, were removed from the home, or experienced a disaster. Childhood therapy reduces short and long term risk factors such as poor mental health, violent criminality, substance abuse, and poor academic performance. Every \$1 spent saves the State \$7.

5. **State Agency to receive requested funds**

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operating | 750,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 750,000 |

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|------------------------------------------------------|------------------|-------------|
| Total State Funds Requested (from question #6) | 750,000 | 74% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 260,000 | 26% |
| Total Project Costs for Fiscal Year 2025-2026 | 1,010,000 | 100% |

8. **Has this project previously received state funding?**

If yes, provide the most recent instance:

| Fiscal Year (YYYY-YY) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2024-25 | 0 | 875,000 | 377 | No |

9. **Is future-year 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.**

Funding for these services are scarce. The program has been successful in obtaining \$260,000 in local funding. State funding would supplement local funding to meet needs of community.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. 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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

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

| Spending Category | Description | Amount |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | Executive Director Salary and Benefits \$115,000 | 115,000 |
| Other Salary and Benefits | Program Manager Salary + Benefits \$25,000 Community Outreach Manager Salary + Benefits \$79,000 | 104,000 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs | | |
| Salary and Benefits | Clinical Director, Licensed Clinical Social Worker \$141,000 Social Worker 1 Salary + Benefits \$70,000 Social Worker 2 Salary + Benefits \$70,000 Social Worker 3 Salary + Benefits \$70,000 | 351,000 |
| Expense/Equipment/Travel/Supplies/Other | EMR Software renewal, Conference/Professional Training, Therapy supplies and equipment, Grief Connect Kits, Parents Packs, Camp supplies, Counselor Grief Kits | 170,000 |
| Consultants/Contracted Services/Study | Play Therapists, Art Therapists, Music Therapist | 10,000 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 750,000 |

13. Program Performance

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



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Only evidence based, free-of-charge therapy for children experiencing grief and loss in North Florida. The program serves children who have lost a family member, had a family member deployed, jailed, who abandoned them, were removed from the home, or experienced a disaster. Childhood therapy reduces short and long term risk factors such as poor mental health, violent criminality, substance abuse, and poor academic performance. Every \$1 spent saves the State \$7.

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

Individual therapy for children, family grief support groups (therapist led, evidence-based), camp connect (intensive therapy camp for children), school-based support, professional workshops, community resources and grief education, parent packs, crisis response for school, sheriff, Agency referrals, grief support tools and resources.

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. Results in reduction of depression, anxiety, PTSD, substance dependence, poor academic performance, self-harm, suicide, mortality, and violent criminality. Six-therapy sessions reduce risk-factors by 20% with improved results with continued therapy.

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

At-risk youth.

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

Benefit: Improve mental health; Improve quality of education; Protect the general public from harm (environmental, criminal, etc.); Increase or improve economic activity.
Methodology: Data on risk-factors and performance tracked, populated, and reported.

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?

Contract penalties to be outlined in contract between Agency and recipient.

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 infrastructure)

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#:



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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, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

18. 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)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name



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b. Firm Name

c. E-mail Address

d. Phone Number

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