



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3039

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

**4. Project/Program Description**

The "Healing Hearts" program offers individuals transitioning back into society and their families 12-16 weeks of virtual or in-person counseling sessions facilitated by licensed therapists, who can identify and address Post-Incarceration Syndrome and other mental health challenges, and help families rebuild their bonds. These 60-minute weekly sessions can include individual, couples, and family therapy. Therapists use a curriculum developed in partnership with 300 Letters leadership. This program also offers bi-weekly personal development coaching sessions with a professional life coach.

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	219,028
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>219,028</b>

**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)	219,028	81%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	50,000	19%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>269,028</b>	<b>100%</b>

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		

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.**
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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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	A portion of the Executive Director's salary is allocated from the total grant amount because the director plays a key role in overseeing and managing the program, ensuring its successful implementation. Their responsibilities include strategic planning, staff coordination and monitoring outcomes, etc.	33,587
Other Salary and Benefits	A portion of the funds is allocated for administrative support to ensure the smooth operation of the program including tasks such as coordination, record-keeping and communication.	8,320
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	This covers the salaries of the program manager, life coach and therapist. Program manager over-sees day to day operations, life coach provides individualized guidance to help participants achieve personal goals. Therapist meets with participants for at-least 12 individual or family sessions.	99,071
Expense/Equipment/Travel/Supplies/Other	Materials and incentives for program participants (\$75 grocery gift card, \$20 cookbook, \$10 journal, \$30 seasonal gifts) and the cost of in-person events for program participants.	9,050
Consultants/Contracted Services/Study	The cost of child-care, child therapy or extracurricular activity is covered for eligible participants to ensure they can fully engage in the programs without distractions, while having their children cared for during program hours.	69,000
<b>Fixed Capital Construction/Major Renovation:</b>		



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Construction/Renovation/Land/ Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>219,028</b>

**13. Program Performance**

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

This funding would support the Healing Hearts program for one year, providing comprehensive support for 30-40 families reintegrating after incarceration. According to the Bureau of Justice Statistics, roughly 30% of incarcerated individuals are released annually in the U.S., and these individuals face considerable barriers to successful reentry. Challenges such as housing insecurity, employment difficulties, limited social support, and childcare affordability create significant obstacles for parents attempting to rebuild their lives.

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

The Healing Hearts program supports 30-40 families per year and their families reintegrating after incarceration. Services include 12-16 weeks of counseling, life coach support, childcare or financial assistance, and child play therapy. A needs assessment tailors treatment plans with options for individual, couples, and family therapy. Participants also have access to support groups and community-building events, helping rebuild family bonds and mental health.

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

Therapists use a data driven curriculum developed with 300 Letters leadership, based on research and best practices. Services include a biopsychosocial evaluation, followed by phases addressing individual needs (e.g., post-incarceration syndrome, trauma, substance use) family strengthening and ongoing support for self-sufficiency and healing. Families receive a 3- month childcare scholarship if needed.

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

The target population served by this program are incarcerated and formerly incarcerated parents and their children. Caregivers of minor children with incarcerated parents. Children and teens impacted by parental incarceration. This program is expected to serve 30-40 families a year.

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

The intended outcomes for this project are: 80% of participants will report Improved Positive Family Interactions measured with the Assessment of Family Interaction, 80% of participants will report Improved Parent-Child Relationship measured by the Child Parent Relationship Scale, and 70% of participants will improve their self-confidence as measured by the Mindtools Self-Confidence Quiz.

**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?**

In addition to standard penalties, the contracting agency may consider a range of measures to address failure to meet deliverables or performance measures. These could include withholding or reducing payments, increasing reporting requirements, or even terminating the contract if performance issues persist.

**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):**



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**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#:**

**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)



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- 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

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.*