



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3110

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Valerie's House, one of only a few not-for-profits in Florida with the sole mission to help grieving children and families after the death of a parent or sibling, has experienced tremendous growth. More than 71,000 children are grieving in the regions served by Valerie's House. Valerie's House serves grieving children after they experience the death of a parent or sibling by providing personalized therapy from qualified on-staff mental health professionals, and peer-to-peer support groups, to help change the trajectory of their lives. Valerie's House also supports the growing number of Floridians over age 65 who are now taking on the responsibility of caring for their grandchildren because their children have died.

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	2,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>2,000,000</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)	2,000,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	250,000	6%
Other	1,750,000	44%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>4,000,000</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		
2024-25	0	1,000,000	377/384A	Yes

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.

Not aware of any other revenue streams.



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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	CEO	75,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Vice-President of Clinical and Mental Health Support Director Grief and Trauma Therapists (3) Grief Support Program Directors (4) Grief Support Program Coordinators (6) School Support Group Coordinator	950,000
Expense/Equipment/Travel/Supplies/Other	Grief Support Program Curriculum, Books, Supplies, Materials, Family Nightly Meals, Assistance and Funeral Expenses, Scholarships, transportation, outreach and family support flyers and brochures, school and educator trainings, National Alliance for Grieving Children Symposium trainings, house and facility maintenance and operations. National Alliance for Grieving Children Symposium Travel and other national speaking engagements.	875,000
Consultants/Contracted Services/Study	Grief Support Group Contracted Facilitators.	100,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>



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**13. Program Performance**

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

1 in 8 children in the state of Florida are bereaved. Valerie's House purpose is to help our state's grieving children after they experience the death of a parent or sibling by providing personalized therapy from qualified on-staff mental health professionals, and peer-to-peer support groups, to help change the trajectory of their lives. Unresolved grief is a root cause to many state problems we pay for on the back end, such as addiction, homeless, and incarceration. An estimated 1/3 of children in the juvenile justice system are bereaved. Our schools are not equipped to handle grieving children, and their education is impacted. Valerie's House is part of the solution.

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

Individual mental health counseling from qualified on-staff professionals, peer-to-peer grief support groups, family financial and income assistance after the death of spouse, school support groups, college and trade school scholarships for children wanting to better their lives, and parenting classes.

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

Individual mental health counseling from qualified on-staff professionals, peer-to-peer grief support groups, family financial and income assistance after the death of spouse, school support groups, college and trade school scholarships for children wanting to better their lives, and parenting classes.

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

The target population is the estimated 71,000 grieving Floridians in the regions served by Valerie's House. The project, over the course of one year, will care for approximately 800 grieving children and caregivers who are bereaved due to the loss of a family member due to many cancers like breast cancer, heart attacks, active-duty military, car accidents, suicides, and overdoses. Bereaved families served by Valerie's House are our community's most at risk and most vulnerable. We are committed to serving their needs now and in the future.

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

Valerie's House outcomes for those participating demonstrate less anger, have fewer negative incidents in school, and improved grades, have demonstrated healthy coping skills and see hope for their future. These are all indicators that a child's life is on the right path after the death of a loved one. Methods used are evaluations conducted with both parent and child every 6 months to show growth, as well as observations made by qualified on-staff mental health professionals, case file notes, caregiver surveys, report cards, and school counselor evaluations.

**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?**

Should Valerie's House fail to meet the deliverables of this contract, then funding should be withheld and/or returned to the State of Florida.

**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?**



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- 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)
- Local Entity



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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.*