



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3525

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Provide rural access to bereavement and emotional support for adults and youth in the rural counties of Calhoun, Gadsden, Gulf, Jackson, Jefferson, Franklin, Liberty, Madison, Taylor, and Wakulla counties. Services will also cover rural areas of Leon County. Services will be available to counties based on their individual needs and can include individual bereavement counseling, grief support groups, community presentations, grief resources, holiday grief support, and youth bereavement services.

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	175,000
Fixed Capital Outlay	0
Total State Funds Requested	175,000

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)	175,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	175,000	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		

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	1 - Bereavement Manager (LCSW) - .25FTE	21,200
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Travel (mileage); supplies	5,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	1 - Grief Support Counselor (LCSW) - .25FTE 1 - Youth Grief Counselor (MSW) - .25FTE 1 - Grief Support Counselor (MSW) - .25FTE 1 - Grief Support Counselor (MSW) - 1.0FTE 1 - Grief Support Counselor (Ed. S.) - .25FTE	136,000
Expense/Equipment/Travel/Supplies/Other	Travel (mileage) Specialized Training/CEU Supplies (informational and community outreach in English & Spanish)	12,800
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		175,000

13. Program Performance

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



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To provide the identified lack of comprehensive grief and emotional support tailored to individuals and communities throughout the targeted 10 rural counties. Services will include 1-on-1 counseling, facilitated grief support groups, educational workshops, community presentations, specialized seasonal programs for grief support, youth-focused bereavement initiatives and referral to external resources.

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

Tailored counseling services to meet the unique needs of each county by offering a comprehensive range of grief and emotional support. These services may include individual bereavement counseling, grief support groups, community education and presentations, access to grief resources, specialized support during the holiday season, and dedicated bereavement programs for youth.

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

Funding will enable us to provide comprehensive grief and emotional support tailored to individuals and communities throughout 10 rural counties. Services will include 1-on-1 counseling, facilitated grief support groups, educational workshops, community presentations, specialized seasonal programs for grief support, youth-focused bereavement initiatives and referral to external resources.

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

The 400 - 800 cross-cultural targeted individuals to be served through the 10 counties targeted include: the elderly, persons with poor mental health, persons with poor physical health, the economically disadvantaged, at-risk youth, physically disabled, grade school students, high school students, university/college students, bereaved youth, adults and seniors.

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

Methodology: Assessment of community awareness efforts by monitoring outreach effectiveness through event attendance, media engagement, and social media interactions. These measures will provide a comprehensive understanding of our program's reach and effectiveness, guiding future improvements to better serve individuals in rural communities in navigating their grief and loss.
 Outcome Assessment: Tracking participation and outcomes to assess effectiveness. Key metrics will include the number of individuals receiving one-on-one counseling, attending grief support groups, and participating in educational workshops or community presentations. Monitor attendance and engagement levels and use pre- and post-program surveys to measure improvements and long-term participants.

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?

Efforts to meet performance measures and deliverables will be paramount to the level of service and goals presented in this funding request. Failure to meet measures will be examined and addressed, as necessary, by the program team and Big Bend Hospice leadership, with identified need for adjustments implemented. Penalties for under-performance will be determined between the state agency and Big Bend Hospice.

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.