

LFIR # 1070

1. Project Title	Florida Healthy Widowhood Project					
2. Senate Sponsor	Jason Brodeur					
3. Date of Request	11/07/2023					
4. Project/Program D	escription					
individuals in Florida well-being for a broad programs, which equate extended to wid subsequent waves ethnicities, beliefs, to others have experie	 a. Our objective is to ader spectrum of wic quips us to effectively lowed women who h of secondary losses. faiths, partner status 	empower dedictions. We offer some address the mulave experienced. Our widows coles, gender identies of a spouse.	our nonprofit organization cated leaders with the ne support for immediate ne ulti-faceted challenges of the primary loss of a pame from diverse backgrotities, and circumstances our widows are seeking a	cessary resources the design as well as short for and second artner and are grapp bunds, encompassing of loss. Some have	to bring about improved t- and long-term dary loss. Our services bling with the ng various ages, e been caregivers, while	
5. State Agency to re	ceive requested fu	nds Depai	rtment of Children and Fa	amilies		
State Agency cont	acted? No					
6. Amount of the Non	recurring Request	for Fiscal Year	2024-2025			
Type of Funding			Amo	Amount		
Operations				25,000		
Fixed Capital Outla	у			0		
Total State Funds Requested						
Total State Funds	Requested			25,000		
	•	4-2025 (includir	ng matching funds ava	,	ect)	
	•	4-2025 (includii	ng matching funds ava	,	ect)	
7. Total Project Cost Type of Funding	•	,		ilable for this proje	ect)	
7. Total Project Cost Type of Funding	for Fiscal Year 2024	,	Amount	ilable for this proje	ect)	
7. Total Project Cost Type of Funding Total State Funds F	for Fiscal Year 2024	,	Amount	ilable for this proje	ect)	
7. Total Project Cost Type of Funding Total State Funds F Matching Funds Federal	for Fiscal Year 2024	stion #6)	Amount 25,000	Percentage 50% 0%	ect)	
7. Total Project Cost Type of Funding Total State Funds F Matching Funds Federal	for Fiscal Year 2024 Requested (from que	stion #6)	Amount 25,000	Percentage 50% 0% 0%	ect)	
7. Total Project Cost Type of Funding Total State Funds F Matching Funds Federal State (excluding the	for Fiscal Year 2024 Requested (from que	stion #6)	Amount 25,000 0	Percentage 50% 0%	ect)	
7. Total Project Cost Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other	for Fiscal Year 2024 Requested (from que	estion #6)	Amount 25,000 0 0	Percentage 50% 0% 0%	ect)	
7. Total Project Cost Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other	for Fiscal Year 2024 Requested (from que e amount of this requested) s for Fiscal Year 20	estion #6)	Amount 25,000 0 0 25,000	Percentage 50% 0% 0% 0% 50%	ect)	
7. Total Project Cost Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pr	for Fiscal Year 2024 Requested (from que e amount of this requested) s for Fiscal Year 20	estion #6) 24-2025 state funding?	Amount 25,000 0 0 25,000 50,000 No Specific	Percentage 50% 0% 0% 0% 50%	ect)	
7. Total Project Cost Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pr	for Fiscal Year 2024 Requested (from que e amount of this requested Year 20 reviously received s	estion #6) 24-2025 state funding?	Amount 25,000 0 0 25,000 50,000 No Specific	Percentage 50% 0% 0% 0% 50%	ect)	
7. Total Project Cost Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pr	for Fiscal Year 2024 Requested (from que e amount of this requested Year 20 reviously received s	stion #6) pest) 24-2025 state funding?	Amount 25,000 0 0 25,000 50,000 No Specific	Percentage 50% 0% 0% 0% 50%	ect)	
7. Total Project Cost Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pr	for Fiscal Year 2024 Requested (from que e amount of this requested Year 20 reviously received s Amo Recurring	stion #6) 24-2025 state funding? ount Nonrecurring	Amount 25,000 0 0 25,000 50,000 No Specific	Percentage 50% 0% 0% 0% 50%	ect)	
7. Total Project Cost Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pr Fiscal Year (yyyy-yy) 9. Is future funding li	for Fiscal Year 2024 Requested (from que e amount of this requested Year 20 reviously received s Amo Recurring	stion #6) pest) 24-2025 state funding? ount Nonrecurring	Amount 25,000 0 0 25,000 50,000 No Specific Appropriation #	Percentage 50% 0% 0% 0% 50%	ect)	
7. Total Project Cost Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pr Fiscal Year (yyyy-yy) 9. Is future funding lia. If yes, indicate r	for Fiscal Year 2024 Requested (from que e amount of this request s for Fiscal Year 20 reviously received s Amo Recurring	stion #6) 24-2025 state funding? Nonrecurring ed? nt per year.	Amount 25,000 0 0 25,000 50,000 No Specific Appropriation #	Percentage 50% 0% 0% 0% 50% 100%	ect)	



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

LFIR # 1070

No		
If yes, indicate the amount of funds received and what the	funds were us	sed for.
Complete questions 11 and 12 for Fixed Cap	oital Outlay	/ Projects
1. Status of Construction		
a. What is the current phase of the project?		
○ Planning	Ά	
b. Is the project "shovel ready" (i.e permitted)?	No	
c. What is the estimated start date of construction?		
d. What is the estimated completion date of construction?		
2. List the owners of the facility to receive, directly or indirectly relationship between the owners of the facility and the en		capital outlay funding. Include the

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

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits	Leadership for our nonprofit organization to maximize sustainability of the pilot project.	10,000		
Other Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs: Other				
Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other	Full access to all Modern Widows Club programs and services both in person and virtually.	10,000		
Consultants/Contracted Services/Study	Implementation of research software and oversight of analysis.	5,000		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6)				

14. Program Performance

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



LFIR # 1070

Our specific objective is to empower as many widows as possible, enabling them to not only navigate their grief but to flourish with compassionate support, transitioning from mourning to personal growth. To gauge their progress, we employ a two-step approach: (1) Widows take our Widow Empowerment Quiz at the commencement of our programs. (2) One year later, after actively participating in our diverse widow-focused programs and services, they retake the quiz. This comparative analysis allows them to see their journey along the path of hope, healing, growth, and leadership in healthy widowhood. It provides valuable insights into where they started, how far they've come, and what additional steps they can take to reconstruct their lives as widows. This process serves to activate resilience, fostering overall health, well-being, and self-sufficiency.

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

We are committed to extending our current initiatives beyond Orlando, Tampa, and Melbourne to encompass communities throughout the entire state of Florida. Our objective is to provide a diverse array of resources aimed at fostering community development and empowering widows to become leaders in those communities. Furthermore, we are dedicated to offering virtual support groups for those who have experienced the loss of a loved one to suicide. We will host empowerment events in both physical and virtual formats, establishing a mentoring program to connect experienced individuals with those in need, and conducting educational health webinars that are firmly rooted in well-researched studies.

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

Our vision is to broaden the scope of our direct services, making them accessible across the entire state of Florida. In our expanded efforts, we will provide a comprehensive array of resources, including educational e-courses, videos, inperson and virtual support groups conducted in both English and Spanish. Moreover, we are committed to offering virtual support groups for those who have lost loved ones to suicide. We will organize empowerment events in both physical and virtual settings, establish a mentoring program, and present educational health webinars that draw from rigorously researched studies.

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

Our primary focus is on solo mothers, widowed women, and their dependent family members. Given that there are over 914,000 widows in Florida, our initial efforts will be directed towards serving this demographic in key regions where we presently have established communities led by trained widow leaders, specifically in Orlando, Tampa, and Melbourne. Our aspiration is to leverage the expertise and capabilities of our existing leadership teams to mentor and empower future leaders in regions yet served.

We serve widowed women who experienced the primary loss of a partner and are struggling with the barrage of secondary losses. They are of all ages, ethnic backgrounds, beliefs, faiths, partner statuses, gender identities, and loss circumstances. Some were caregivers, some lost their spouse suddenly. Diversity and inclusion are a core focus and are represented at all levels of the population we serve.

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

Our overarching goal for Florida widows is to provide them with the support and resources they need to not just cope with grief but to thrive. What sets us apart from other widow support organizations is our unique approach, which hinges on the use of inputs, outputs, and outcomes, all guided by our proprietary research data. This data informs our decision-making, program development, evaluation processes, goal setting, and progress tracking. Our methodology for assessing impact integrates both quantitative and qualitative data. Quantitative data is primarily acquired through surveys. Since 2018, we have surveyed a multitude of widows, both within our organization and those outside our membership, ensuring a broad and comprehensive reach. These surveys utilize closed-ended, standardized questions, which typically include multiple-choice and rank-order scales, providing us with valuable quantitative insights.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penaltie
for failing to meet deliverables or performance measures provided for the contract?

Return of funding.					
15. Requester Contact Information					
a. First Name		Last Name	Moor		



LFIR # 1070

	b. Organization	Modern Widows Club, Inc.					
	c. E-mail Address	developmentdirector@modernwidowsclub.org					
	d. Phone Number	(407)538-1687 Ext.					
16	. Recipient Contact	Information					
	a. Organization	Modern Widows Club, Inc.					
	b. Municipality and	County Orange					
	c. Organization Typ	pe e					
	□For Profit Entity						
	☑Non Profit 501(c)(3)					
	□Non Profit 501(c)(4)					
	□Local Entity						
	□University or Co	lege					
	□Other (please specify)						
	d. First Name	Carolyn Last Name Moor	_				
	e. E-mail Address	developmentdirector@modernwidowsclub.org	_				
	f. Phone Number	(407)538-1687	_				
17	. Lobbyist Contact I	nformation					
	a. Name	None					
	b. Firm Name						
	c. E-mail Address						
	d Phone Number						