



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3022

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funding will be used to purchase and renovate a building to duplicate a successful evidence-based children's therapy program running in Escambia County in Leon County. Lee's Place, the children and families grief and loss Therapy Center in Tallahassee closed its doors in December 2024. Nonie's, who does not want to see Leon County without such an important resource, has a sustainable financial model, great relationships with the managing entity and the Department of Children and Families, as well as a successful record in helping children and their families.

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	0
Fixed Capital Outlay	350,000
Total State Funds Requested	350,000

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)	350,000	58%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	250,000	42%
Total Project Costs for Fiscal Year 2025-2026	600,000	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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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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)?

No

c. What is the estimated start date of construction?

01/01/2026

d. What is the estimated completion date of construction?

07/31/2026

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

mix of private donors, grants, state dollars

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.

Funding provided will assist in the purchase of the building. If purchased, the owners of the facility will be the entity operating the facility - Covenant Care Foundation.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Purchase of building, construction, and renovation.	350,000
Total State Funds Requested (must equal total from question #6)		350,000

13. Program Performance

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

To purchase and renovate a building to duplicate a successful evidence-based Escambia County children's therapy program in Leon County. Lee's Place, the children and families grief and loss Therapy Center in Tallahassee closed its doors in December 2024. Nonie's, who does not want to see Leon County without such an important resource, has a sustainable financial model, great relationships with the ME and DCF, as well as a successful record in helping children and their families

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



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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, DCF/DJJ referrals, grief support tools and resources. Currently serving 2000 children/their families per year.

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.).
Methodology: Data populated via EMR and reported to the managing entity.

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?

Penalties will be outlined in contract between Agency and recipient.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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#:

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)?



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- ☐ 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
- b. Firm Name
- c. E-mail Address
- d. Phone Number



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