



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1560

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Maintain and expand evidence-based, free-of-charge therapy for children and families experiencing grief and loss in North Florida. These include the Tallahassee and Pensacola locations as well as materials distribution, therapy kits, training for schools and counselors in Escambia, Leon, Santa Rosa, Walton, Jefferson, Okaloosa, Jackson, Gulf, Holmes, Bay, & Liberty counties. The program serves children who have lost a family member, had a family member deployed, jailed, who abandoned them, were removed from the home, or experienced a disaster. Most are referred from DCF, the managing entity, Gulf Coast Kid's House, or other providers.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	900,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>900,000</b>

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	900,000	78%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	250,000	22%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>1,150,000</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		
2025-26	0	375,000	363	No

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	Salary and Benefits Executive Director	115,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Program Manager, Clinical Director, LMHC, Social workers, Art, Music, and Play therapists, Community Outreach Manager (Salaries and Benefits)	520,000
Expense/Equipment/Travel/Supplies/Other	Annual Operating Expenses for Tallahassee and Pensacola therapy centers, EMR renewal and equipment, conference and professional training, therapy supplies and equipment, grief connect kits, parent packs, camp supplies for 4 grief intensive camps, 2,000 community grief education kits, 500 grief education kits for school staff and counselors	265,000
Consultants/Contracted Services/Study		0
<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>900,000</b>

### 13. Program Performance

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



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Maintain and expand evidence-based, free-of-charge therapy for children and families experiencing grief and loss in North Florida. The program serves children who have lost a family member, had a family member deployed, jailed, who abandoned them, were removed from the home, or experienced a disaster. Childhood behavioral health services reduce short and long term risk factors such as suicidality, violent criminality, poor academic performance, and substance abuse. Every \$1 spent saves state \$7.

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

Individual and group therapy and evidence-based, therapist led support groups for children experiencing grief and loss and their families, camp connect (intensive therapy camps for children), school-based support, professional workshops, community resources and grief education, parent packs, crisis response for schools, law-enforcement, agency referrals, parent education.

**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, edubstance dependence, poor academic performance, self-harm, suicide, mortality, and violent criminality. Six-therapy sessions reduce risk factors by 20% with improved results with continued services.

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

Persons with poor mental health, economically disadvantaged persons, at-risk youth, preschool students, grade school students, high school students, university/college students, victims of crime, and their families. More than 2000 people in the target population are expected to be served.

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

Improve mental health, improve quality of education, protect the general public from harm, increase and improve economic activity, enhance specific individuals economic self sufficiency, reduce recidivism, reduce substance abuse, and divert from Criminal/Juvenile Justice System. Data is populated via EMR and reported to ME. Client and Family intake and Post Services Surveys, during sessions. Engagement with DJJ, DCF, ME and other providers.

**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?**

Funds reduced or reverted to the State.

**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



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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
- ☐ University or College
- ☐ Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number  Ext.



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#### 19. Lobbyist Contact Information

a. Name	<input type="text" value="Andrea Kristin Gheen"/>
b. Firm Name	<input type="text" value="PinPoint Results LLC"/>
c. E-mail Address	<input type="text" value="andrea@pinpointresults.com"/>
d. Phone Number	<input type="text" value="(213)610-7164"/>

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