



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1775

1. Project Title Kids House Mental Health Therapy Program

2. Senate Sponsor Jason Brodeur

3. Date of Request 12/8/2025

4. Project/Program Description

Kids House of Seminole, Inc. is Seminole County's only Children's Advocacy Center. The CAC serves as the single point of contact for child abuse investigations in Seminole County. The Kids House Mental Health Therapy Program is one of four critical programs at Kids House that helps children heal from abuse and neglect.

5. State Agency to receive requested funds Department of Children and Families

State Agency contacted? No

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

Type of Funding	Amount
Operating	50,000
Fixed Capital Outlay	0
Total State Funds Requested	50,000

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)	50,000	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 2026-2027	50,000	100%

8. Has this project previously received state funding?

No

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?

No

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)?

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.

N/A

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	Kids House of Seminole, Inc's Mental Health Therapy Program staff will provide mental health therapy services to the children and families we serve.	50,000
Expense/Equipment/Travel/Supplies/Other		0
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)		50,000

13. Program Performance

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

The specific purpose that will be achieved by the funds requested is to provide evidence-based mental health therapy services to child abuse victims who present with behavior problems, posttraumatic stress, anxiety, and depression. The goal is to help children overcome complex trauma, heal from abuse and/or neglect, build resilience, and mature cognitively and emotionally.

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



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Services will include quickly identifying abuse and neglect, providing individual therapy sessions to child victims, providing Parent/Caregiver Education and Support.

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

The direct services that will be provided to meet the intended purpose of the requested funds are: advocating for children with other providers, involving caregivers in the child's therapeutic process through education and consultation, utilizing Animal Assisted Intervention, focusing on early childhood trauma/attachment injury, and developing comprehensive treatment planning.

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

Abused and neglected children and their non-offending caregivers. 51-100 individuals 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?

Children will heal from the effects of child abuse and neglect. Children will build long-term resilience while enhancing the caregiver's ability to cope and parent their traumatized child.

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?

Failure to meet deliverables will result in nonpayment.

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)?

- ☐ Yes, Applied



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- ☐ 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.