Healing Hearts Initiative

A Program of Living Life After Death
Sponsorship & Donation Proposal

# Introduction

Living Life After Death is a Nevada-based 501(c)(3) nonprofit dedicated to supporting families navigating the devastating impact of grief and trauma. We are launching the Healing Hearts Initiative, a specialized mental health and wellness program for children and families dealing with loss, emotional distress, and crisis transitions.
This program will be clinically directed by Priscilla Otoo-Adjorlolo, LCSW, an experienced licensed clinical social worker with expertise in grief counseling, trauma recovery, play therapy, and policy development.

# The Need

- In Clark County, thousands of children experience the death of a parent or caregiver each year.
- Many grieving families lack insurance or the means to access consistent, specialized therapy.
- Without intervention, childhood grief can lead to long-term mental health challenges, academic decline, and behavioral issues.

The Healing Hearts Initiative will bridge this gap by providing accessible, trauma-informed therapy and caregiver education at no cost to those unable to pay.

# Program Overview

Services Offered:

• Individual and family grief counseling

• Play and sand tray therapy for children

• Group therapy and peer support circles

• Caregiver and parent workshops

• Discharge and transition planning

• Optional neurofeedback/biofeedback sessions

Target Population:

• Children (ages 4–17) who have experienced loss

• Families in crisis due to trauma or instability

• Youth in underserved Las Vegas communities

# How the Clinic’s Sponsorship Will Help

Your sponsorship or donation will directly fund:
• Therapy sessions for uninsured/underinsured families
• Therapeutic materials (sand trays, toys, art supplies)
• Community outreach events to connect families with services
• Training for clinicians and volunteers to expand impact

# Sponsorship Opportunities

Tier 1 – Champion Sponsor – $5,000+
• Funds 50+ therapy sessions for uninsured children
• Logo placement on program materials, flyers, and website
• Recognition at community events

Tier 2 – Advocate Sponsor – $2,500+
• Funds 25+ therapy sessions
• Recognition on website and printed materials

Tier 3 – Supporter Sponsor – $1,000+
• Funds 10+ therapy sessions
• Recognition on social media and printed materials

Custom Donation – Any amount is appreciated and will be applied directly to program costs.

# Your Impact

By partnering with the Healing Hearts Initiative, your clinic will:
• Expand access to critical mental health care for grieving children
• Demonstrate leadership in community wellness
• Strengthen relationships with local families and partner organizations

# Next Steps

We welcome the opportunity to meet and discuss your clinic’s sponsorship or donation. Together, we can ensure that no child faces grief alone.

# Contact

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🌐 www.livinglifeafterdeath.org
EIN: 82-4582823

# Sponsorship Commitment Form

Thank you for supporting the Healing Hearts Initiative. Please complete the form below to confirm your sponsorship or donation.

Organization/Clinic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsorship Level (please check one):

[ ] Tier 1 – Champion Sponsor – $5,000+

[ ] Tier 2 – Advocate Sponsor – $2,500+

[ ] Tier 3 – Supporter Sponsor – $1,000+

[ ] Custom Donation – Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Method:

[ ] Check (Payable to Living Life After Death)

[ ] Online Donation (www.livinglifeafterdeath.org)

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_