



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2223

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The purpose of the program is to facilitate the operation of a statewide telecare support network that provides community outreach, consultations, and care coordination for women who are challenged with unexpected pregnancies. The program will encourage healthy childbirth, support childbirth as an alternative to abortion, and promote family formation.

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	975,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>975,000</b>

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)	975,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>975,000</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		
2024-25	0	1,000,000	1994	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.

## Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2223

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	Administers and oversees the program. Is the person responsible for program effectiveness and deliverables.	85,000
Other Salary and Benefits	Legal, Finance, Human Resources, Strategic Services to support the program.	125,000
Expense/Equipment/Travel/Supplies/Other	Computer equipment as well as office equipment that will be needed to deliver program. All furniture that would be needed to enable staff to serve the program. All software expenses that would be needed to operate the program.	70,000
Consultants/Contracted Services/Study	Medical Director to oversee the program.	20,000
<b>Operational Costs</b>		
Salary and Benefits	Nurses, Managers, Social Workers, Contact Center Agents, Call support agents.	520,000
Expense/Equipment/Travel/Supplies/Other	All travel throughout the state to monitor progress of the program as well as recruiting other organizations to work in the program. Reimbursements to local centers for program deliverables.	155,000
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>975,000</b>

13. Program Performance

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

The program shall provide direct services, supports, social services case management, and referrals to biological parents of unborn children and biological or adoptive parents of children under the age of two years.

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



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## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2223

1. Nurse counseling
2. Care plan coordination
3. Connection to state and local services
4. Connection to local pregnancy resource centers
5. Access to licensed social workers
6. Delivery of program virtually.

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

- (a) Development of a care plan, resources, and supports for program participants to address identified needs.
- (b) Referrals to appropriate local resources including, without limitation, state and federal benefits programs and local charitable organizations.
- (c) Assistance in applying for state and federal benefits programs.
- (d) Assistance in accomplishing elements of the care plan

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

1. Parents of unborn children
  2. Adoptive parents with children under the age of 2
  3. Parents with children under the age of 2
- Expected individuals served 2,667

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

1. Women choosing to move forward with their pregnancy
2. Healthy pregnancy outcomes - babies born +5.5 lbs, moms giving birth after 37 weeks, moms getting post partum care, moms connected to ob-gyn care in first trimester
3. Care plans created to link women and families to local and state resources.... enrollment in state programs, progression from where they were when they entered to program.

**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?**

- Acceptable quality level is the standard. There is an expectation to meet stated goals. If those are not met remedies could include:
- A. Written corrective action plans
  - B. Additional reporting
  - C. Withholding/reducing payments
  - D. Termination or suspension of contract

**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



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## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2223

☐ 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

☐ 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)



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## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2223

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

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