



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3143

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Central Florida Diaper Bank will ensure the health of infants and toddlers and also stabilize family households economic self-sufficiency through the consistent distribution of diapers and essential hygiene resources (e.g., wipes). Ensuring access to these critical child care resources supports the immediate- and long-term health of children and financial stability working families and ultimately the community.

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	185,000
Fixed Capital Outlay	0
Total State Funds Requested	185,000

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)	185,000	86%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	30,000	14%
Total Project Costs for Fiscal Year 2025-2026	215,000	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)?

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
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	Project expenses include costs for a cargo transport vehicle, supplies to aid in storage and delivery, transportation costs, and costs for diapers and hygiene resources.	185,000
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)		185,000

13. Program Performance

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

The project goal is to increase access to clean, dry diapers and essential hygiene items for working parents and families with children under the age of 3.

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

Funding will support our Mobile Diaper Distribution program to increase access to diapers and essential hygiene items and improve parents' economic self-sufficiency.

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



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The Central Florida Diaper Bank will provide direct distribution of diapers and essential hygiene resources (e.g., wipes) to parents and families.

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

The project will serve working parents and families with infants and toddlers under the age of 3, particularly those from low-income populations. The Central Florida Diaper Bank anticipates serving 4,000 people through this program, which is a conservative estimate.

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

The expected outcomes are improved access to diapers and essential child care resources for families. The Central Florida Diaper Bank will monitor the number of diapers distributed on a monthly basis.

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?

The project will be on a reimbursement basis. Central Florida Diaper Bank will submit invoices to the State for payment as benchmarks are met. Central Florida Diaper Bank will not receive funding if no expenses are incurred.

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
- ☐ Yes, Received
- ☐ No



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☐ 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

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