



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3327

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Develop a maternal health program that will be an integrated community-based support environment that will improve perinatal care system for high risk women.

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	949,109
Fixed Capital Outlay	0
Total State Funds Requested	949,109

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)	949,109	91%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	93,506	9%
Total Project Costs for Fiscal Year 2025-2026	1,042,615	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

10. Status of Construction



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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	Director of Special Programs	27,362
Other Salary and Benefits	Director of Quality Improvement and IT Staff	35,512
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	OB Physician, OB Coordinators, Medical Assistants, Patient Transportation	289,702
Expense/Equipment/Travel/Supplies/Other	Patient 2-Way Care System, Program Training workshops, program supplies and indirect overhead	384,321
Consultants/Contracted Services/Study	Dietition, Doula and Culinary educator	212,212
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		949,109

13. Program Performance

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

The funds being requested will be used to develop a comprehensive maternal health program that establishes an integrated community based support system. This approach will specifically target high-risk women, aiming to improve the prenatal care system. "Empowering Future Moms" will reduce preterm birth and low birth-weight by increasing access to a multidisciplinary maternal care team. This investment will have profound impact on new mothers both immediate and long-term.

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



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The activities and services to meet the intended purpose of these funds will include:
Obstetric Care and Coordination: Provide prenatal and postnatal care services and education
Prenatal Support Groups: Facilitating community support for expectant women
Doula Services: Provide emotional and physical support to expecting mothers throughout their prenatal, labor, and postpartum experiences.
Nutritional Therapy: Provide culinary training and demonstration classes in preparing nutritious meals at home
Medical Transportation: Ensuring expecting mothers have reliable transportation to medical appointments.

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

Obstetric Care, Care Coordination, Doula Services, Prenatal Support Groups, Nutritional Therapy, Medical Transportation, and Culinary Demonstrations.

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

Up to 400 women of child-bearing age

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

1. Increase number of patients who received prenatal and postnatal health services; 2. Establish support system to include doulas and dietitian; 3. Improved no show rates for pregnant women
A structured community-based integrated maternal support system to improve maternal and infant health outcomes, reduce healthcare costs through preventative care and enhance access to essential services, ultimately fostering healthier family and communities across the state

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?

Discontinue funding after first year if performance measures don't funding of project.

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:



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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.**

19. Lobbyist Contact Information

a. Name



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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.