



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1114

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 state wide telecare support network that provides community outreach, consultations, and care coordination for women who are challenged with unexpected pregnancies.
 The program shall:
 (a) encourage healthy childbirth
 (b) support childbirth as an alternative to abortion
 (c) promote family formation

5. State Agency to receive requested funds
- State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	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 2023-2024	1,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

PPP Loan.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

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?

12. 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.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Administers and oversees the program. Is the person responsible for program effectiveness and deliverables.	100,000
Other Salary and Benefits	Legal, Finance, Human Resources, Strategic Services to support the program.	125,000
Expense/Equipment/Travel/Supplies/Other	All 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.	80,000
Consultants/Contracted Services/Study	Medical Director to oversee the program.	20,000
Operational Costs: Other		
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.	75,000
Consultants/Contracted Services/Study	Construction Planning	80,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,000,000

14. Program Performance

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



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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?

1. Nurse counseling
2. Care plan coordination
3. Connection to state and local services
4. Connection to local pregnancy resource center
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 over 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 stat 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 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/offsetting payments
- D. Termination or suspension of contract

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. Recipient Contact Information

a. Organization

b. Municipality and County



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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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number