



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1496

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Our work will build a strong, supportive, online and in-person community for Black women, improving pregnancy and health care related knowledge to improve health outcomes for black mothers and their babies. This includes improving prenatal care vital for health weight babies, and building close knit community groups of support.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>300,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	60%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	200,000	40%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>500,000</b>	<b>100%</b>

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?

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1496

### 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    
  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?

**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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Staff for health communication campaign including social media, Digital Advertising, and Media Relations. and the creation of assets that resonate with women of color that are currently lacking, including videography, graphic design, content writing, and associated production costs as well as community engagement, specifically with healthcare providers and related subject matter experts.	225,000
Expense/Equipment/Travel/Supplies/Other	Hard expenses for travel, production (equipment and technology) and community engagement.	25,000
Consultants/Contracted Services/Study	While consultant may be utilized for operational considerations listed under salaries and benefits, outside contracted services will be required for program evaluation including updated literature review, health surveys (primarily digital,) and the associated costs for the evaluation data to be reviewed/monitored/constructed with the appropriate academic vigor/protocols.	50,000
<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>300,000</b>

**14. Program Performance**

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1496

Our work will build a strong, supportive, online and in-person community for Black women, improving pregnancy and health care related knowledge to improve health outcomes for Black mothers and their babies. This includes improving prenatal care vital for healthy weight babies and building close knit community groups of support.

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

Strong Beautiful Future is a maternal health campaign designed to address low birthweight disparities. The primary activities will be engaging public health communication and marketing to share information designed to speak directly with Black women in west Orange County, Florida, a population under-represented in maternal health messaging and disproportionately experiencing poor birth outcomes.

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

The campaign is direct education and connection specifically about the importance of prenatal healthcare, empowered conversations with physicians, and dispelling health myths prevalent to women of color at a childbearing age in Orange County, FL. The campaign will also include citizen engagement and community building through workshops, support groups and classes.

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

Women of color, ages 18-35, and their families. 800+ will be served.

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

As a targeted health communication campaign, we're hoping to reduce the disparities seen for women of color across the board, both through greater degrees of pregnancy related knowledge and stronger engagement with their healthcare providers. Long term, this should lead to overall improvements to maternal health outcomes across the board, for both mother and child. Success will be verified by a survey and program evaluation which will measure the campaign efficacy in reaching the target audience, and the target audience's attention to and retention of, the presented health information.

**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?**

Foundation for a Healthier West Orange will work with DCF to develop project metrics and deliverables to ensure full scope delivery for this project.

**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

c. Organization Type

For Profit Entity

Non Profit 501(c)(3)

Non Profit 501(c)(4)



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1496

- 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**