



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 2092

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

DFAF will create a marketing campaign and develop educational materials making resources available for individuals and organizations serving pregnant women and new mothers. We will deliver 25,000 easy to read educational handouts illustrating the harms of marijuana during pregnancy to substance abuse prevention coalitions throughout Florida. The coalitions will disperse this information throughout their communities to hospitals, community health centers, pharmacies, and treatment centers. DFAF will devote a section of their website to provide additional resources, blogs containing relevant research and facts, and a treatment center identifier for those seeking help. DFAF will develop an online training course and webinars that will be offered to prevention and treatment professionals in Florida and establish a State Neonatal Marijuana Exposure Task Force that will be composed of community members, health care, prevention, and treatment professional, and policy makers.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	105,387
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>105,387</b>

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	105,387	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 2021-2022</b>	<b>105,387</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.



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

No

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

**11. 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 the project would include 330 hours by the executive director, 330 hours by the program director, 330 hours by the program manager, 440 hours by the Epidemiologist, and 20 hours by the bookkeeper for a total of 1,470 staff hours, totaling \$39,576.50 in salaries and \$13,060.25 in fringe benefits	52,637
Expense/Equipment/Travel/Supplies/Other	Printing and mailing 25,000 one pagers to coalitions in Florida \$5,000, Virtual training platform \$2,000, webinar platform \$3,500	10,500
Consultants/Contracted Services/Study	\$16,000 for video production (Spanish and English with shorter clips to be used on social media, \$12,000 for digital marketing (16 weeks), PR and Media consultant \$6,750, graphic design \$4,000, project evaluator \$3,500.	42,250
<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>105,387</b>

**12. Program Performance**

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

Concentrated educational campaign to lower the number of pregnant and postpartum women using marijuana to include public education, professional education and training, and the implementation of a statewide taskforce.

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

Cross platform digital education campaign consisting of infographics, videos, etc., professional trainings via webinars and virtual training platforms.

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

Education directed at pregnant and postpartum women in the state of Florida as well as professionals working with that population.

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

Pregnant and postpartum women in the state of Florida as well as professionals working with that population.

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



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Overall attention and reach of the campaign will be measured by website visits and by mentions of the campaign in the press. Via Google Analytics, DFAF will measure the number of new visitors, returning visitors, unique user sessions and page views to the campaign website. Engagement will be measured through social media exposure, resource downloads and partner surveys. Via FB and Twitter analytics, DFAF will be able to track how widely the posts and tweets are seen by looking at the number of shares, mentions and conversations regenerated. DFAF will also survey the Florida Prevention Coalitions who received the printed educational resources to determine where and how the campaign resources were utilized in their communities.

**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?**

Return of funds

**13. 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.**

Drug Free America Foundation Inc.



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#### 14. Requestor Contact Information

a. First Name  Last Name   
b. Organization   
c. E-mail Address   
d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number