



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1124

- 1. Project Title**
- 2. Senate Sponsor**
- 3. Date of Request**

4. Project/Program Description

This project will support continued implementation of the Period of PURPLE Crying evidence-based prevention program to reduce incidence of shaken baby syndrome, known as abusive head trauma (AHT) and expand services to additional areas of the state. PURPLE Crying includes a statewide public education campaign, targeted support services to parents of newborns, ongoing education & training for healthcare professionals, and evaluation. This project is supported by Prevent Child Abuse Florida, Florida Child Abuse Death Review Committee, Florida Chapter of American Academy of Pediatrics, and Florida Dept. of Health.

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

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	1,499,000
Fixed Capital Outlay	0
Total State Funds Requested	1,499,000

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)	1,499,000	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 2025-2026	1,499,000	100%

- 8. Has this project previously received state funding?** Yes
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	1,499,000		No

- 9. Is future-year funding likely to be requested?** Yes
- a. If yes, indicate nonrecurring amount per year.**
- b. Describe the source of funding that can be used in lieu of state funding.**

If state funding were not available, the Ounce of Prevention Fund of Florida would seek grant funding or contributions to continue the program. Lack of ongoing state funding would result in discontinuation of services and impede project scope and goals.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

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	A portion of funds will be allocated to the Prevention Services Director for high-level program oversight	8,300
Other Salary and Benefits	A portion of the funds will be allocated to fiscal oversight and contract management.	30,050
Expense/Equipment/Travel/Supplies/Other	A portion of the funds will be allocated to the Ounce of Prevention to support program administration.	3,500
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	A portion of the funds will be allocated to staffing support for implementation of the program: Program Coordinator (1 FTE), Contract Specialist (1 FTE), Program Support (.1 FTE), Communications (.13 FTE) Evaluators and System Developers (.5 FTE)	173,386
Expense/Equipment/Travel/Supplies/Other	Technical Assistance and Quality Assurance Travel (\$15,200), Program materials and curriculum for approximately 23,000 live births (\$64,000), Shipping for training and curriculum materials (\$29,000), Occupancy (\$22,500), Equipment (\$5,000), Printing (\$18,000) Other (\$4,000)	157,764
Consultants/Contracted Services/Study	Hospital stipend to implement program Dose 1 with parents of newborns (28 * \$10,000 each = \$280,000), Local Provider stipend to implement program Dose 2 within three months after birth (62 providers * \$5,000 each = \$310,000), Subject Matter Expert Consultation (\$15,000), Multi-media public education campaign production & air time (\$500,000), evaluation activities (\$25,000)	1,126,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0



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Total State Funds Requested (must equal total from question #6)	1,499,000
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13. Program Performance

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

The specific goal is to prevent abusive head trauma (AHT) to infants (shaken baby syndrome) through parent education and support about coping with infant crying. Research on Period of PURPLE Crying has shown that use of the materials appears to lead to increased knowledge about early infant crying and the dangers of shaking a baby. Research on Period of PURPLE Crying also shows that implementing the program may reduce emergency room visits for complaints of infant crying and AHT hospital admissions.

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

Period of PURPLE Crying evidence-based AHT prevention program will be offered statewide through participating hospitals, pediatricians, health departments, home visiting programs, and other health providers. Parent education services will be provided by local hospitals, pediatricians, home visitors, and other partners. Training, technical assistance, quality assurance, evaluation, and a statewide multi-media public education campaign on AHT prevention will be administered by the Ounce of Prevention Fund of Florida.

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

Parents of newborn babies will receive education on increased early infant crying and action steps to prevent shaking their baby. Parents receive an app, booklet, and father-specific booklet along with in-person coaching prenatally or at birth. Parents receive a second coaching session during the first three months of baby's life to reinforce prevention and provide additional parent support during early infancy.

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

The project aims to provide program services directly to the parents of approximately 23,000 newborn babies in Florida; Healthcare professionals including pediatricians, nurses, midwives, doulas, home visitors, and obstetricians will receive training on abusive head trauma, normal infant crying, AHT prevention, and parent coaching; the general public will receive education related to normal infant crying, coping with crying, and family support services. Public education will be provided in all counties in which the program is implemented.

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

Parents of newborn babies will gain appropriate knowledge and skills for coping with infant crying without shaking a baby, reducing cases of AHT in Florida. Evaluation will include surveys that measure participating parents' knowledge about early infant crying and the dangers of shaking a baby. Focus groups with participating parents will collect opinions and feedback on parent behaviors when their infant cries.

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?

Financial penalties would be applied for not meeting agreed upon deliverables or performance measures.

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):



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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
- 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)



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- 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.