



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1394

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To support young women in shelters and low-income communities by providing baby care essentials, health guidance, education and other services to support their journey into motherhood.

5. State Agency to receive requested funds

State Agency contacted? No

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

Type of Funding	Amount
Operating	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	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	500,000	100%

8. Has this project previously received state funding? No

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? Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Funding will come from in-kind donations.

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	Executive Director and Assistant Executive Director will perform all tasks including, but not limited to, vendor and facility contracts, drives, workshops and seminars, outreach efforts, and other liasons necessary to perform all required services.	100,000
Other Salary and Benefits	Office Administrator will perform all day-to-day tasks including, but not limited to, office administration, reconciliation, billing and bookkeeping.	25,000
Expense/Equipment/Travel/Supplies/Other	Program materials and resources, technology (computers, software, communication tools), and transportation for outreach. Support for community outreach and events - materials for local workshops.	60,000
Consultants/Contracted Services/Study	Accounting services, payroll processing, and legal fees.	10,000
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Community workshops, assistance for mothers, training materials, and essential care packages (diapers, formula, etc.).	125,000
Consultants/Contracted Services/Study	Expanded access to professional specialists in baby health, CPR, lactation, sleep, nutrition, prenatal fitness, financial literacy, legal assistance, and more. Included is required equipment, materials, and required trainings.	180,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

13. Program Performance

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

Empowering young girls in shelters and the low income community by providing comprehensive baby care education, health guidance, and essential resources to support their journey into motherhood.

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



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Health and baby care and public health education, workshops and seminars on baby health, nutrition, and safety. Education on post-partum care for young mothers.

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

Health and wellness support/checks; regular health check-ups and wellness sessions with licensed healthcare professionals. Counseling and support groups by offering mental health support and peer counseling.

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

The targeted population will be economically disadvantaged women of Miami-Dade County. As well, the at-risk youth and homeless population. We aim to serve as many women in Miami-Dade County as possible.

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

The benefit of this project is that women in shelters and low-income communities will have the material resources to become successful mothers, including baby-related items and health and education services.

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?

There are no penalties expected. In the event deliverables and performance measures are not met, funds will be withheld.

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:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied



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- 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

b. Firm Name

c. E-mail Address

d. Phone Number



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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.