



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2258

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Pasteurized Donor Human Milk (PDHM) can be given to non-hospitalized medically fragile infants whose mothers are absent or unable to provide breastmilk in sufficient quantity to supply the baby's nutritional needs. The Babies at Home Financial Assistance program has been established on a sliding scale to ensure families can access pasteurized donor human milk for their infant. Through the provision of PDHM, Mothers' Milk Bank of Florida strives to keep babies at home, not in the hospital.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	150,000
Fixed Capital Outlay	0
Total State Funds Requested	150,000

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)	150,000	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	150,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	75,000	2581	No

9. Is future-year 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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Donor milk processing fee is \$15.14 per 100 mL bottle (3.3 ounce). A maximum of 10 bottles per day is allowed. Families requested milk for their baby, but we did not have funding to supply every request.	150,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		150,000

13. Program Performance

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

Pasteurized Donor Human Milk (PDHM) may be given to non-hospitalized medically fragile infants whose mothers are absent or unable to provide breast milk in sufficient quantity to supply the baby's nutritional needs. Reasons babies may need PDHM include medical diagnoses of failure to thrive (FTT) related to poor feeding intolerance, severe food allergies, cardiac anomalies, gastrointestinal anomalies or metabolic disorders. Maternal diagnoses may include maternal chemotherapy, mastectomy, or other contraindicated maternal diagnoses.

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

Collecting human milk from qualified donors, processing donor milk, and distributing pasteurized donor human milk.



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

Provision of medically necessary food, specifically pasteurized donor human milk.

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

Children under the age of 5 years, but primarily babies less than 18 months of age. Approximately 25-50 individuals are expected to be served throughout Florida.

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

Improved health outcomes for infants receiving pasteurized donor human milk (PDHM). Of infants receiving PDHM, documentation of the percent reported to be growing and thriving, percent of unplanned hospitalizations related to failure to thrive (FTT), results of clinical feeding trials after six months of age, and every 60-90 days thereafter, as provided by baby's healthcare provider.

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?

Funds not expended shall be repaid unless an extension of time is granted.

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
- Yes, Received



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- 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.