



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3206

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

**4. Project/Program Description**

The current location of the Wakulla Pregnancy is not adequate for current needs and does not allow for expanding our services to more of the population. We were donated property for the purpose of expanding our services. We currently provide our services to families and single moms who are pregnant and continue to serve them until their babies are one year old. We will expand our service to include up to the age of 3 years old. Our donated facility is aged and contains asbestos. Funds will be used to: conduct an asbestos abatement study determining if remediation is required to rehabilitate the building.

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                          | 76,000         |
| Fixed Capital Outlay               | 60,000         |
| <b>Total State Funds Requested</b> | <b>136,000</b> |

**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)       | 136,000        | 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 2025-2026</b> | <b>136,000</b> | <b>100%</b> |

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

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

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.**

Since we started this nonprofit 15 years ago, we have been funded 100% by donors ranging from individuals to local businesses. We will continue to utilize private funding for our services in lieu of state funding



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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)?

No

c. What is the estimated start date of construction?

08/01/2025

d. What is the estimated completion date of construction?

12/31/2026

e. What funding stream will be used for ongoing operations and maintenance of the project?

Since we started this nonprofit 15 years ago, we have been funded 100% by donors ranging from individuals to local businesses. We will continue to utilize private funding for our services in lieu of state funding.

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.

Wakulla Pregnancy Center owns the facility.

### 12. 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 | Executive Director: responsible for the daily operation of the organization; training implementation; volunteer recruitment; client coordination and ensuring that all administrative functions are performed. Directly oversees all services offered to the community be they paid or volunteer services.                  | 40,000 |
| Other Salary and Benefits                           |   | 0      |
| Expense/Equipment/Travel/Supplies/Other             |   | 0      |
| Consultants/Contracted Services/Study               |   | 0      |
| <b>Operational Costs</b>                            |   |        |
| Salary and Benefits                                 | Client Coordinator: Part-time position responsible for assisting clients with obtaining the services needed to enhance emotionally and physically healthy environments for them and their families.   | 18,000 |
| Expense/Equipment/Travel/Supplies/Other             | Pregnancy tests and other supplies relative to pregnancy and post-pregnancy support; educational materials relative to pregnancy and post pregnancy support, educational support relative to parenting children 3 and under; nutritional/subsistence supplies for infants and small children; and ordinary office supplies. | 12,000 |
| Consultants/Contracted Services/Study               | Contracted Services: ultrasound services.   | 6,000  |
| <b>Fixed Capital Construction/Major Renovation:</b> |   |        |



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|  |   |                |
|--|---|----------------|
| Construction/Renovation/Land/<br>Planning Engineering                  | Our donated facility is aged and contains asbestos. Funds will be used to conduct an asbestos abatement study determining if remediation is required to rehabilitate the building to support the increasing need. for our services and then to develop plans for a new building if remediation is not financially feasible. | 60,000         |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>136,000</b> |

**13. Program Performance**

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

To expand on the social support services currently being provided by the Wakulla Pregnancy Center to women and their families impacted by unplanned pregnancies.

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

pregnancy tests; ultrasound services; nutritional assistance; pregnancy and post-pregnancy supplies; educational materials; and counseling services.

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

pregnancy tests; ultrasound services; nutritional assistance; pregnancy and post-pregnancy supplies; educational materials; and counseling services.

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

Economically disadvantaged persons, Single mothers, victime of crime (rape); mentally distraught (post abortion/crime), 101-150

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

Early confirmation of pregnancy via ultrasounds with provided guidance and education on proper health regiments necessary to ensure the mother and the baby's health. Nutritional support to facilitate both a healthy pregnancy and a healthy infancy. The level of benefit can be measured by the number of mothers who have healthy full-term pregnancies resulting in a healthy baby being born and those babies remaining healthy through their infancy.

Connect clients and their families with self-sufficiency organizations and entities, be it educational programs, financial literature programs, or job opportunity programs. The impact can be measured by calculating the number of referrals made and the follow-through of the clients to these referred entities

**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?**

Returning applicable funds associated with relevant deliverables or measures.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No

**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?**



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- 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)
- Local Entity



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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.*