



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1775

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The David Posnack JCC Sunrise Day Camp Fort Lauderdale and Sunrise on Wheels in-hospital programs brings the simple pleasures of childhood back to children struggling with cancer, changing times of loneliness and isolation into sunshine, laughter and happiness. The mission of the Sunrise programs is to bring back the joys of childhood to children with cancer and their siblings and is accomplished through the creation and oversight of welcoming and inclusive Winter Break Day Camp, Spring Break Day Camp, and In-Hospital Year-Round Recreational Activities, all offered free of charge for children with cancer and their siblings.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	175,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>175,000</b>

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	175,000	70%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	75,000	30%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>250,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**  No

a. **If yes, indicate nonrecurring amount per year.**

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

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1775

Yes

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

We received two Payment Protection Program loans (\$940,700 & \$888,160) and two Employee Retention Credits (\$361,039.14 & \$203,973.24).

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. 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?

12. 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.

### 13. 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	Funding will be applied towards Program Director, Operations Director, Sunrise Counselors, Sunrise Specialists, Lifeguards and associated benefits.	113,400
Expense/Equipment/Travel/Supplies/Other	Funding will be applied towards Special Event Activities (i.e. inflatables, slides, special shows, such as magicians/jump rope team/silent disco/etc.); Food, Snacks, Ice Cream and Bottled Water; Sunrise Supplies (arts & crafts/games/sports equipment/puzzles/musical instruments/etc.); Medical supplies and equipment (first aid/medicine/cots/room dividers/special bed & chair/travel first aid kits)	25,100
Consultants/Contracted Services/Study	Funding will be applied towards Sunrise Day Camp on-site Nurses and Sunrise Association Consultant services. Sunrise Association provides year-round support including comprehensive training on the following: policies, procedures, medical training, staff training, program review and evaluation; marketing services, including creative and design.	36,500
<b>Fixed Capital Construction/Major Renovation:</b>		



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1775

Construction/Renovation/Land/ Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>175,000</b>

#### 14. Program Performance

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

The purpose of the David Posnack JCC Sunrise Day Camp Fort Lauderdale and Sunrise on Wheels is to bring back levity, laughter, and the joys of childhood to children with cancer and their siblings and will be accomplished through the creation and oversight of welcoming, inclusive Winter Break and Spring Break Camps and In-Hospital Recreational Activities, all offered FREE of charge. The State of Florida Funding will be directly applied to successfully operate Sunrise Day Camp Fort Lauderdale and Sunrise on Wheels programs.

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

Funding is specifically for Sunrise Day Camp Fort Lauderdale and Sunrise on Wheels activities and services including music, singing, dancing, swimming, sports skills, arts, crafts, special events and games. These activities and services directly support the mission to bring the joys of childhood back to children with cancer and their siblings as well as their families.

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

The direct services provided to citizens by the Sunrise Day Camp Fort Lauderdale at the David Posnack JCC and the Sunrise on Wheels in-hospital program include: Activities and services to bring the joys of childhood back to children with cancer and their siblings as well as their families. These activities include music, singing, dancing, swimming, sports skills, arts, crafts, special events, and games. These programs are FREE so they will remove family financial burden and stress as well. The appropriation of funds for these programs will support the continued provision of these services.

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

The target population served by this project are children with cancer, their siblings and family members. This will include the following: persons with poor physical health, economically disadvantaged persons, developmentally disabled, physically disabled, grade school students, & high school students. Sunrise Day Camp Fort Lauderdale will serve children Kindergarten to 10th grade with a max of 125 campers per day. Sunrise on Wheels will serve children from toddlers to teens with a max of 20 per session, per day, twice a week. We expect to serve greater than 800 children and their families during the year.

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

Studies show children with cancer who participated in physical activity had a better self-esteem, body image and lower risk of developing stress. Sunrise programs will provide physical health benefits through activities including swimming, sports, dancing, etc. Our programs foster friendships and build confidence. We serve children with cancer AND their siblings. Studies show that children with cancer who spend time with siblings had lower levels of depression and anxiety. Proposed outcome measures to determine the benefit of Sunrise programs will include direct observational feedback and surveys.

**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?**

Withholding of funding.

#### 15. Requester Contact Information

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1775

d. Phone Number  Ext.

#### 16. 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

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number