



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1045

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Ronald McDonald House Charities of South Florida (RMHC) provides a home to critically ill or injured children and families while receiving life-saving medical treatments at South Florida pediatric Hospitals. Unfortunately, the House only serves 31 families a night and is always full, so we turn away over 125 families yearly. Those turned away often sleep in a hospital chair or their vehicle. The funds will be used to build a more extensive facility and increase to 54 rooms.

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

State Agency contacted?

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,500,000
Total State Funds Requested	1,500,000

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)	1,500,000	6%
Matching Funds		
Federal	5,000,000	20%
State (excluding the amount of this request)	1,000,000	4%
Local	0	0%
Other	17,500,000	70%
Total Project Costs for Fiscal Year 2024-2025	25,000,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	1,000,000	547A	No

9. **Is future 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.**

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

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



The Florida Senate

Local Funding Initiative Request

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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)?

No

c. What is the estimated start date of construction?

January, 2023

d. What is the estimated completion date of construction?

December 2025

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.

Ronald McDonald House Chairities of South Florida, Inc.

13. 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		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
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	Funds solicited to the State of Florida will be utilized for construction of the Ronald McDonald House in South Florida located on the grounds of Jackson Memorial Hospital. The new facility will be a 63,000 square ft. seven story building including a 54 fully private guest rooms including amenities such as kitchen, laundry facilities, family, TV and play rooms, designed to accommodate the family's needs.	1,500,000
Total State Funds Requested (must equal total from question #6)		1,500,000

14. Program Performance

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



The Florida Senate

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To build a new, bigger and more modern Ronald McDonald House on the grounds of Jackson Memorial Medical Center. The current facility assists 31 families and the new facility will help 54 families. The house provides temporary lodging to families with sick children who travel to South Florida looking for access to medicine and long term treatments. Families travel from all over Florida, other states and even internationally.

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

The Ronald McDonald House provides a safe place for families to live with basic necessities such as kitchen facility, meals, family activities, entertainment, gift cards, toys, and community support with volunteers, staff and donors. Families are able to provide support to each other as they cope with their child's medical condition.

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

At the Ronald McDonald House, families are able to stay together which helps their psychological well being and their child's recovery. Accommodations help reduce stress and financial burden, provide proximity to the Hospital and improves the quality of life for all family members.

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

The target population are at risk youth; preschool, elementary and high school and college students; developmentally and physically disabled; and persons with poor physical health. Along with families with sick children, ages newborn to 21 years old.

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

Bridging access to top medical care to seriously ill children who must travel long distances. Enhance the child's and parents medical experience with the hospital. Provide families with emotional and physical comfort and support. Improves family's coping and cohesion and the child's recovery and outcomes. The methodology to measure outcome will be surveys with parents at time of check out and reports with the number of families assisted, number of lodging days and nights and state of origin.

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?

return of funds

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

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)



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

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- 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