



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1169

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The SebastianStrong Foundation Childhood Cancer Hope Navigator Program would provide essential support by coordinating care, assist with insurance and financial aid, arrange transportation and lodging, connect families with emotional and psychosocial support, educate on treatment options, and guide access to clinical trials and resources. We would help families navigate the complex healthcare system after a family receives a childhood cancer diagnosis.

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                          | 600,000        |
| Fixed Capital Outlay               | 0              |
| <b>Total State Funds Requested</b> | <b>600,000</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)       | 600,000        | 86%         |
| <b>Matching Funds</b>                                |                |             |
| Federal  | 0              | 0%          |
| State (excluding the amount of this request)         | 0              | 0%          |
| Local  | 0              | 0%          |
| Other  | 100,000        | 14%         |
| <b>Total Project Costs for Fiscal Year 2025-2026</b> | <b>700,000</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.

**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         |
|--|---|----------------|
| <b>Administrative Costs:</b>   |   |                |
| Executive Director/Project Head Salary and Benefits                    | Oversight of team of Navigators/Social Workers and overall management of the program.                   | 50,000         |
| Other Salary and Benefits  | Oversight of team of Navigators/Social Workers and overall management of the program.                   | 35,000         |
| Expense/Equipment/Travel/Supplies/Other                                | Awareness creation & Advertising to market Hope Navigator. Website development/enhancement/maintenance. | 50,000         |
| Consultants/Contracted Services/Study                                  | Community Liaison   | 80,000         |
| <b>Operational Costs</b>   |   |                |
| Salary and Benefits  | Staff of Hope Navigator Nurses/Social Workers   | 360,000        |
| Expense/Equipment/Travel/Supplies/Other                                | Laptops & technology to support programming.  | 25,000         |
| Consultants/Contracted Services/Study                                  |   | 0              |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |   |                |
| Construction/Renovation/Land/Planning Engineering                      |   | 0              |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>600,000</b> |

**13. Program Performance**

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

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

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



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- 1-Care Coordination & Navigation – Helping families understand diagnosis, treatment options, and available support services while ensuring seamless communication between medical teams.
- 2-Financial & Insurance Assistance – Guiding families through insurance processes, securing financial aid, and connecting them with resources to alleviate treatment-related expenses.
- 3-Transportation & Lodging Support – Assisting with travel logistics for treatment, including access to transportation services and temporary housing near treatment centers.
- 4-Emotional & Psychosocial Support – Connecting families to counseling, peer support groups, and mental health resources to help cope with the emotional toll of childhood cancer.
- 5-Access to Clinical Trials & Specialized Care – Providing information on cutting-edge treatment options and clinical trials.
- 6-Education & Advocacy-Empowering families with knowledge about their child's disease, survivorship care, & advocacy resources.

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

Target population are children diagnosed with cancer and their families. This initiative represents a vital resource in guiding families through the challenges of a childhood cancer diagnosis, particularly for families who live further from hospitals who offer appropriate treatment options. The program's initial focus would be exclusively in Florida during a pilot phase with the goal of expanding throughout the country.

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

The SebastianStrong Foundation Hope Navigator Program aims to improve the overall experience and outcomes for families navigating childhood cancer by reducing barriers to care, enhancing access to resources, and providing comprehensive support services.

To assess the program's effectiveness, these are some of the quantitative and qualitative metrics will be collected:

- 1-Family Impact Surveys – Conducting pre- and post-engagement surveys to measure satisfaction, emotional well-being, and perceived quality of support.
- 2-Utilization Data – Tracking the number of families served, types of assistance provided (financial, transportation, lodging, counseling, etc.), and frequency of navigator interactions.
- 3-Care Coordination Metrics – Monitoring timeframes for referrals, follow-ups, and resource access to ensure timely interventions.
- 4-Financial Assistance Outcomes – Evaluating the number of families successfully connected to grants, insurance aid, or other financial relief programs.

**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?**

unspent funds returned to state

**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?**

- Yes, Applied
- Yes, Received



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- 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
- University or College
- Other (please specify)



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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.*