



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1269

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

4. Project/Program Description

The 1 Voice Foundation is a not-for-profit organization that services children who are suffering from pediatric cancer. The Foundation provides emotional, educational and financial support to pediatric cancer families treated at John Hopkins All Children's Hospital, St. Josephs Children's Hospital and Tampa General Hospital. ! Voice Foundation currently services Pinellas, Pasco, Hernando, Hardee, Hillsborough, Manatee and Sarasota Counties.

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	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

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)	300,000	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	300,000	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		
2024-25	0	150,000		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.
- Private donations and local grants are our sole funding sources to date.

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		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Staff salaries for the tutoring program and teacher addition for the acadamy. This includes the full-time staff professional	55,000
Expense/Equipment/Travel/Supplies/Other	Expansion of existing programming for children and families suffering for pediatric cancer. 1 Voice Foundation offers over 15 family support programs which include everything from assistanceto pediatric care families with medical copays and basic needs (gas, food, rent, utilities) and everything in between. Beyond these family and child centric assistance program, the 1 Voice Foundation offers the Voices of Angels Bereavement Program in addition to reseach projects conducted by the Foundation.	245,000
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)		300,000

13. Program Performance

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

The goal to be achieved witgh this funding is to expand our reach in servicing Florida children and their familes who are affected by pediatric cancer. The funds will go specifically to provide resources and alleviate the financial burdens that are associated with this horrible disease.



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

1 Voice Foundation works directly with licensed pediatric healthcare professionals (Tampa General, Johns Hopkins All Childrens Hospital, St. Josepchs Childrens Hospital and Moffitt's Adolescent Program) and families to provide needed funding and other support services to alleviate the overall burden caused by the illness. Families recieve funding assistance through the "Helping hands" program within the 1 voice foundaton.

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

Florida Families will be provided emotional, educational and financial assistance for pediatric cancer families. Operations for the many programs for patients and their families under the 1 Voice academy: Programs and resources to include Support groups, bereavement services, financial assistance, wqinetherapy, tutoring, toddler program, and siblings program among others.

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 the children and families undergoing cancer treatment. 1 Voice has currently serviced nearly 800 families. We expect this trend to continue as we are able to enhance our 20 programs.

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

The target population served by this project are the children and families undergoing cancer treatment. 1 Voice has currently serviced nearly 800 families. We expect this trend to continue as we are able to enhance our 20 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?

For failure to meet the deliverables or performance standards, 1 Voicve will forego a percentage of funding until the timethe deliverables are met.

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 infastructure)

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:



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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)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name



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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.