



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1873

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Runway to Hope's purpose is to ensure that no family has to battle pediatric cancer alone. Our Family Assistance Program supports families battling pediatric cancer by actively preventing eviction, car repossession, keeping the lights on, and putting food on their tables. With a pediatric cancer diagnosis, the needs are endless, as one in five families diagnosed are already living in poverty. The goal is to support families through financial assistance with basic needs, including mortgage/rent, transportation costs, utilities, toiletries during their treatment, and funeral expenses to lay children to rest when their fight has ended. Additionally, the Total Wellness Program provides holistic support to families, addressing mental health needs, physical well-being, and social connections. Through services such as therapy sessions, mindfulness resources, and access to gym memberships, Runway to Hope ensures families have access to tools that promote resilience and emotional health.

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	350,000
Fixed Capital Outlay	0
Total State Funds Requested	350,000

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)	350,000	58%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	250,000	42%
Total Project Costs for Fiscal Year 2025-2026	600,000	100%

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	350,000	1343	No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year.

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

Private 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)?

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		0
Expense/Equipment/Travel/Supplies/Other	Financial assistance will be provided to children & their families living in our seven Central Florida counties who are in active treatment for their pediatric cancer. Expenses covered include rent/mortgage, groceries, utilities, and at times, sadly, costs associated with funeral expenses. In addition, we also provide access to mental health support groups, patient survivor programming, and bereavement support to children and their family members as well as physical rehabilitation resources.	350,000
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)		350,000

13. Program Performance

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



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The specific goal is to provide direct emergency financial relief and mental health support to children & their families battling pediatric cancer, as the financial and emotional impact is insurmountable as often times one parent must quit their job in order to become a full-time caregiver

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

Runway to Hope works very closely with the pediatric oncology departments in our Central Florida region as well as with our patient family networks to help spread the word of our services when a child is newly diagnosed in our community. Our database of families is extensive as we continue to create a thread of support. Our programming includes direct financial support in addition to mental health care, survivor programming, and bereavement support for our children & families,

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

Central Florida families in active treatment for their pediatric cancer will receive financial assistance, in addition to our family programming services including mental health services, survivor programming, and bereavement support to provide connection and unity to those within our Central Florida pediatric cancer community. .

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

Countless lives are touched when a child is diagnosed with pediatric cancer including their immediate and extended family members. Our goal is supporting several groups within the pediatric cancer community, including patients, parents, siblings, as well as those who have been affected by the death of a pediatric cancer patient and those who are considered survivors. An estimated 800 individuals are expected to be served.

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

Provide resources for gaps in support for our families who are battling pediatric cancer including preventing eviction, car repossessions, keeping utilities on, putting groceries on the table, providing transportation to get to and from treatment, as well as supporting families through the toughest time in their lives when their beloved child passes away so they can lay their soul to rest. The outcome is that no family should battle pediatric cancer alone and this will be measured by the individuals who are served and impacted through one of our programming initiatives.

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?

Without a percentage of funding until deliverables and/or performance measures are met.

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
- No



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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)

d. First Name **Last Name**



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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.