



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2002

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This project will enhance the safety and resilience of Ronald McDonald House facilities in Pinellas & Hillsborough counties. Through critical repairs, upgrades, and disaster mitigation measures, the project will create a safer, more comfortable, and sustainable environment for families facing pediatric medical crises. This ensures continued access to healthcare and vital support within Tampa Bay to over 3,500 Floridians each year.

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

**State Agency contacted?**  No  Yes

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

Type of Funding	Amount
Operating	38,921
Fixed Capital Outlay	856,618
<b>Total State Funds Requested</b>	<b>895,539</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)	895,539	60%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	597,168	40%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,492,707</b>	<b>100%</b>

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

If yes, provide the most recent instance:

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

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

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)?** No

**c. What is the estimated start date of construction?** 06/01/2025

**d. What is the estimated completion date of construction?** 12/31/2026

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

The Charity has been in operation since 1980 and will continue to fund this core project through corporate partnerships, individual fundraising and foundation support.

**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.**

Ronald McDonald House Charities of Tampa Bay, Inc. owner/operator of facilities.

**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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Project Management/Ops Support (25hrs/week)	29,471
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Mitigation and Structural Integrity Reserve Study to assess and mitigate potential hazards, and a Traditional Reserve Study to identify and plan for long-term growth needs. These studies are crucial for ensuring the safety, resilience, and long-term sustainability of the Ronald McDonald Houses.	9,450
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Kitchen renovation, Guest room renovation and enhancements, Bathrooms renovation, HVAC systems replacements, ceiling replacement, ingress/egress repair or replacement	856,618
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>895,539</b>

**13. Program Performance**

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



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1) Enhance the resiliency of the facilities through a comprehensive assessment and implementation of necessary upgrades to withstand future natural disasters. 2) Complete critical improvements that were delayed due to the disasters, ensuring the safety and comfort of families utilizing the program. 3) Restore financial sustainability by addressing increased operational costs incurred during the recovery process. These actions will enable the organization to continue providing vital support to families with hospitalized children in the Tampa Bay area.

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

Ronald McDonald Houses offer comprehensive range of activities and services, including providing temporary housing and comfortable accommodations to an average of 820 Florida families facing the challenges of caring for their children undergoing medical treatment at St. Joseph Hospital. Additionally, we will ensure access to hot meals, mental health support, and foster a supportive community by facilitating support groups for families during their stay, all of which will be provided free of charge to enhance the well-being of families in need.

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

Directly provide essential services to Florida citizens, offering free accommodation, access to meals, and a supportive community for families with children undergoing medical treatment in Hillsborough and Pinellas Counties. This support will significantly alleviate the emotional and financial burdens faced by these families during their challenging times, enhancing the overall well-being of Florida citizens in need. In addition, the services provided directly enhances access to quality healthcare for all families in need.

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

The target population served by the Ronald McDonald House project comprises of any family experiencing a medical crisis with a child in need of medical treatment. This project is expected to serve 2,100 children and 2,900 adults, totaling over 5,000 individuals annually.

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

The outcome will be measured through quantitative data, including the number of families served and the duration of their stays, as well as qualitative assessments to gauge the impact on families' well-being, satisfaction, and empowerment during their time at the facility. This data-driven approach will allow us to assess the project's success in alleviating the burdens faced by these families and enhancing their overall experience.

**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?**

In the event of a significant failure to meet deliverables or performance measures, a significant consequence could be the reversion of all or a portion of the allocated funds back to the state.

**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 infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

Hurricane Helene, Hurricane Milton

**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.*