

# The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

**LFIR # 2135** 

1. Project Title	High School Mat	h Oncology Interns	ship Program		
2. Senate Sponsor	Darryl Rouson				
3. Date of Request	2/26/2025				
4. Project/Program De	scription				
HIP-IMO is an integrexperiences for high scientists, preparing students, technical experiences.	them for interdiscip	linary cancer rese	arch careers. These f	interdisciplinary tea rogram is designed unds will help provid	m science research for motivated aspiring de scholarships for the
5. State Agency to rec	eive requested fu	nds Departm	nent of Education		
State Agency contact	•				
•		. =			
6. Amount of the Nonr	ecurring Request	tor Fiscal Year 20	)25-2026		-
Type of Funding			Amo	ount	
Operating				100,000	<u> </u>
Fixed Capital Outlay	-			0	
Total State Funds R	Requested			100,000	
7. Total Project Cost fo	or Fiscal Year 202	5-2026 (including	matching funds ava	ilable for this proj	iect)
Type of Funding			Amount	Percentage	
Total State Funds Re	equested (from que	stion #6)	100,000	100%	1
Matching Funds				201	_
Federal	amazunt af thia magu	t\	0	0%	7
State (excluding the Local	amount of this requ	iest)	0	0% 0%	7
Other			0	0%	1
	for Figure Voca 20	25 2026			1
Total Project Costs	Tor Fiscal Year 20	23-2026	100,000	100%	
8. Has this project pre If yes, provide the n	•	•	Yes		
Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2023-24	0	100,000	0 100	No	
<ol><li>Is future-year funding</li><li>a. If yes, indicate not</li><li>b. Describe the sou</li></ol>	onrecurring amou	nt per year.	No lieu of state funding		



10. Status of Construction

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50,000

30,000

100,000

0

a. What is the current phase of	the project?		
Planning Design	Oconstruction N/A		
b. Is the project "shovel ready"	(i.e permitted)?		
c. What is the estimated start d	ate of construction?		
d. What is the estimated comple	etion date of construction?		
e. What funding stream will be	used for ongoing operations a	and maintenance of the project?	
relationship between the owne		y, any fixed capital outlay funding y.	. include the
iz. Details on now the requested s	tate funds will be expended		
Spending Category	•	Description	Amount
·	•	Description	Amount
Spending Category	•		Amount 20,00
Spending Category Administrative Costs: Executive Director/Project Head			
Spending Category  Administrative Costs:  Executive Director/Project Head Salary and Benefits			

#### 13. Program Performance

Planning Engineering

Services/Study

Services/Study

Other

Operational Costs
Salary and Benefits

Consultants/Contracted

Construction/Renovation/Land/

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

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

Total State Funds Requested (must equal total from question #6)

Mentor Support

Student Stipends

Computer & software supplies

Increase the proportion of students pursuing degrees in applied mathematics, cancer biology, and interdisciplinary research.

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

Mentorship, computer software, and student stipends.

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



□ No, but intends to apply

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A better understanding of cancer biology, mathematics, computer science, scientific methodology, and public speaking

skills are taught in a classroom setting during the Summer internship. d. Who is the target population served by this project? How many individuals are expected to be served? High school students age 16 and older. e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? A better understanding of cancer biology, mathematics, computer science, scientific methodology, and public speaking skills. It is measured by pre and post program surveys, peer-reviewed publications, double major college careers, undergraduate and graduate school enrollment statistics. 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? Funds will be returned. 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 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: 16. Has the entity applied for or received state assistance for this project (other than this request)? ☐ Yes, Applied ☐ Yes, Received □ No



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a. If yes, specify the Commerce):	e progran	n and state ager	ncy (ex. Loca	al Governmen	t Emergenc		
7. Requester Contact	Informat	ion					
a. First Name	Renee		Last Name	Brady-Nicholl	ls		
b. Organization	Moffitt Cancer Center						
c. E-mail Address	renee.bra	renee.brady@moffitt.org					
d. Phone Number	(813)745-2994 Ext.						
8. Recipient Contact	Information	on					
a. Organization	Moffitt Ca	ancer Center					
b. Municipality and	d County	Hillsborough					
c. Organization Ty	ре						
□For Profit Entity							
☑Non Profit 501(d	:)(3)						
□Non Profit 501(d	:)(4)						
□Local Entity							
□University or Co	llege						
□Other (please sp	pecify)						
d. First Name	Renee		Last Name	Brady-Nicholl	ls		
e. E-mail Address	renee.bra	ady@moffitt.org					
f. Phone Number	(813)745	-2994	Ext.				
. Lobbyist Contact I	nformatio	on					
a. Name	Ellen N.	Anderson					
b. Firm Name							
c. E-mail Address	ellen.and	lerson@moffitt.o	rg				
d. Phone Number	(850)228	-7959					

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.