

LFIR #3146

1.	Project Title	Lily's Warrior Pro	oject - Outreach	Program	ns			
2.	Senate Sponsor	Kristen Arrington	1					
3.	Date of Request	3/7/2025						
4.	Project/Program De	escription						
	therapeutic resource and music therapy to resilience. Additiona	es that support emo pols, and gaming re lly, we supply hygie child's recovery. Th	otional and psyclesources for tee ene care packag rough these ser	hological ns—each ges for ca vices, we	health. Our initiand designed to allow regivers, ensuring help families na	atives include medi eviate stress and e ng their well-being a	da by providing essential cal play puppets, craft hance patient and enabling them to edical diagnoses and	
5.	State Agency to red				Children and F	amilies		
	State Agency conta	•	2000			<u></u>		
	- ,		. =	2225 22				
6.	Amount of the Nonr	ecurring Request	tor Fiscal Yea	r 2025-20)26 		1	
	Type of Funding				Amo			
	Operating					50,000	<u> </u>	
	Fixed Capital Outlay				0			
	Total State Funds F	Requested				50,000]	
7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)								
7.	Total Project Cost for	or Fiscal Year 202	25-2026 (includ	ing matc	hing funds ava	ilable for this proj	ect)	
7.	Total Project Cost for Type of Funding	or Fiscal Year 202	25-2026 (includ		mount	ilable for this proj Percentage	ect)	
7.	•		,			• •]	
	Type of Funding		,		mount	Percentage]	
	Type of Funding Total State Funds Re		,		mount	Percentage		
	Type of Funding Total State Funds Ro	equested (from que	estion #6)		mount 50,000	Percentage 100%		
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8.	Type of Funding Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the research of the resea	equested (from que amount of this requested Year 20 eviously received most recent instar Amo	estion #6) uest) 025-2026 state funding? nce: ount Nonrecurrin	No	50,000 0 0 0 50,000	Percentage 100% 0% 0% 0% 0% 100%		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the I	equested (from que amount of this requested for Fiscal Year 20 eviously received most recent instar Amo Recurring	estion #6) uest) 025-2026 state funding? nce: ount Nonrecurring	No Ap	50,000 0 0 0 50,000 Specific propriation #	Percentage 100% 0% 0% 0% 0% 100%		
8.	Type of Funding Total State Funds Ro Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the response for the response of the res	equested (from quested amount of this requested for Fiscal Year 20 eviously received most recent instar Amount of this requested for Fiscal Year 20 eviously received most recent instar amount for Fiscal Year 20 eviously received for Fiscal Year 20 eviously received most recent instar amount for Fiscal Year 20 eviously received for Fiscal Year	estion #6) uest) 025-2026 state funding? nce: ount Nonrecurring quested? unt per year.	No Yes 50,0	50,000 0 0 0 50,000 Specific propriation #	Percentage 100% 0% 0% 0% 0% 100%		



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Const	truction urrent phase of t	he project?				
Planning	O Design	Construction	O N/A			
	"shovel ready" (stimated start da	i.e permitted)? te of construction?				
	•	tion date of constru sed for ongoing ope		d maintenanc	e of the project?	
		o receive, directly or rs of the facility and			oital outlay fundi	ng. Include the

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	(\$300) Management - State Forms Filings, (\$330) Technology - Microsoft, Website Domain, Ink, Authoring Tools. (\$225) PO Box - legal correspondence location, (\$1,000) Marketing - Flyers, QR Codes collateral, volunteer T-shirts/hats.	1,855				
Consultants/Contracted Services/Study	(\$3,000): CPA, accountant, consultant, legal. Consultant/Legal (\$3,000) - Social media posting, legal review of forms.	6,000				
Operational Costs						
Salary and Benefits		0				
Expense/Equipment/Travel/Supplies/ Other	(\$550) Marketing – Labels, branded materials for hygiene packets (\$1,045) Mileage – Hospital drop-offs (\$15,000) Hygiene Packets – Materials for kits (\$4,050) Gaming – Consoles, monitors, game cards for teens (\$20,000) Play Therapy – Medical puppets, music therapy, crafts, (\$1,000) U-Haul – Transporting supplies, (\$500) Packing – Boxes, tape, labels, cutters.	42,145				
Consultants/Contracted Services/Study		0				
Fixed Capital Construction/Majo	r Renovation:					
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (m	ust equal total from question #6)	50,000				

13. Program Performance

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



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These funds will support pediatric patients in Central Florida and nearby counties by providing play therapy tools like medical play puppets, craft and music therapy items, and gaming resources for teens to enhance emotional wellness. Hygiene packets for caregivers will promote well-being, enabling better patient support. These emotional and psychological resources will help families navigate diagnoses, fostering holistic care throughout hospital treatment.

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

These funds will support pediatric patients and their families by enhancing well-being through community outreach, medical play therapy, hygiene kits for caregivers, gaming equipment for teens, and educational resources. These activities and services provide comfort and support during hospital stays.

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

The funding will provide pediatric patients and their caregivers with direct support through medical play, play therapy, music therapy, craft activities, and gaming systems with tournaments for teenage patients. These engaging services foster emotional well-being, provide comfort, and enhance quality of life during hospital stays, creating a supportive and enriching environment.

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

The project will serve over 800 individuals, including those facing mental or physical health challenges, economic hardship, unemployment, homelessness, and at-risk youth. It will also support preschool, grade school, and high school students, as well as the general population, with the majority of funds benefiting no specific group.

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

Benefits will be measured via volunteer testimonials, feedback from hospital staff, social media engagement, and a deliverables log. Due to HIPAA regulations, direct input will be gathered through authorized in-hospital care providers such as Child Life Care & Streetlight. This ensures play therapy resources support physical benefits and promotes healing.

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?

Unused funds not allocated to Lily's Warrior Project outreach programs will be returned. Deliverables, such as expense reports, promotional materials, community engagement records, and photos submitted to partner organizations, will ensure transparency. In case of unmet goals, remedies such as fund returns or performance adjustments can be discussed collaboratively.

14. Is	this project related to mitigation, response, or recovery from a natural disaster? No
a. If	f 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. N	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. Ha	as the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
П	No



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☐ No, but intends to	o apply					
a. If yes, provide th	e FEMA pro	ject workshee	et ID#:			
b. Provide the total	project cos	t listed on the	e FEMA proj	ect worksheet:		
16. Has the entity app	lied for or re	eceived state	assistance t	for this project (other that	n this request)?	
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends to	o apply					
a. If yes, specify the Commerce):	e program a	nd state ager	ncy (ex. Loca	al Government Emergenc	y Bridge Loan, Department of	
17. Requester Contact	t Information	1				
a. First Name	Laura		Last Name	Moa		
b. Organization	Journeys Co	ompanion DB/	A Lily's Warri	or Project		
c. E-mail Address	LauraMoaC	onnect@gmai	l.com		1 1	
d. Phone Number	(407)928-73	372	Ext.			
18. Recipient Contact	Information					
a. Organization		ompanion DB/	A Lily's Warri	or		
b. Municipality and		range				
c. Organization Ty	ре					
□For Profit Entity						
☑Non Profit 501(d	☑Non Profit 501(c)(3)					
□Non Profit 501(d	□Non Profit 501(c)(4)					
□Local Entity						
□University or Co	□University or College					
□Other (please specify)						
d. First Name	Laura		Last Name	Moa		



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e. E-mail Address	LauraMoaConnect@gmail.com		
f. Phone Number	(407)928-7372	Ext.	
19. Lobbyist Contact I	nformation		
a. Name	None		
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.