



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1468

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 Childrens Hospital, St. Josephs Childrens Hospital and Tampa General Hospital. 1 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 2023-2024

Type of Funding	Amount
Operations	225,000
Fixed Capital Outlay	0
Total State Funds Requested	225,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	225,000	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 2023-2024	225,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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Local Funding Initiative Request

Fiscal Year 2023-2024

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1 Voice Foundation received two PPP loans for \$15,700 (\$31,400 total). These monies were used for the "Helping Hands" program offering financial assistance. Financial requests were submitted to the 1 Voice Foundation by hospital social workers with a copy of the bill/invoice. Assistance was capped at \$500/per request and the third party was paid directly.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

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?

12. 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.

13. 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: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Expansion of existing programming for children and families suffering from pediatric cancer. 1 Voice Foundation offers over 15 family support programs which include everything from assistance to pediatric care families with medical copays and basic needs (gas, food, rent, utilities) and everything in between. Beyond these family and child centric assistance programs, the 1 Voice Foundation offers the Voices of Angels Bereavement Program.	225,000
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)		225,000

14. Program Performance

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



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The goal to be achieved with this funding is to expand our reach in servicing Florida children and their families 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.

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 Children's Hospital, St. Josephs Children's 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 receive funding assistance through the "Helping hands" program within the 1 Voice Foundation.

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, equine therapy, tutoring, toddler programs, and sibling's programs 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 benefit of this program is to ease burdens of children and families suffering from pediatric cancer, financially, emotionally and educationally. Measurable through the assessment of family expenses and programming resources utilized by Florida families.

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 the contract?

For failure to meet the deliverables or performance standards, 1 Voice will forgo a percentage of funding until the time the deliverables are met.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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



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Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1468

University or College

Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number