



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2215

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The David Posnack JCC's Sunrise South Florida Programs provides children with cancer and their siblings a chance to experience childhood joy through Sunrise Day Camp South Florida and Sunrise on Wheels in-hospital programs, all free of charge. Sunrise Day Camp South Florida is the region's first day camp for children with cancer, allowing them to enjoy camp while staying under their doctor's care. Sunrise on Wheels brings fun directly to pediatric oncology units at Joe DiMaggio Children's Hospital (JDCH), Nicklaus Children's Hospital, and Broward Health, offering games, crafts, and entertainment. Sunrise on Wheels Break Camps provide themed half-day experiences at JDCH with music, arts, and special guests.

These programs create moments of laughter and friendship, offering comfort and hope to families facing cancer. While we can't cure the disease, we can bring joy—because at Sunrise, fun is mandatory.

5. State Agency to receive requested funds

State Agency contacted?

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

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operating                          | 265,000        |
| Fixed Capital Outlay               | 0              |
| <b>Total State Funds Requested</b> | <b>265,000</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)       | 265,000        | 73%         |
| <b>Matching Funds</b>                                |                |             |
| Federal  | 0              | 0%          |
| State (excluding the amount of this request)         | 0              | 0%          |
| Local  | 0              | 0%          |
| Other  | 100,000        | 27%         |
| <b>Total Project Costs for Fiscal Year 2025-2026</b> | <b>365,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

If yes, provide the most recent instance:

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
| 2024-25                  | 0         | 87,500       | 455                         | No     |

9. Is future-year 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.



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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         |
|--|---|----------------|
| <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  | Funding will be applied towards the Sunrise Program Director, Sunrise Camp Counselors, Sunrise Camp Specialists, Sunrise on Wheels Staff and Specialists and all associated benefits.   | 159,000        |
| Expense/Equipment/Travel/Supplies/Other                                | Funding will be applied towards Special Event Activities (i.e. inflatables, slides, special shows, such as magicians/bubble truck/silent disco/etc.); Food, Snacks, Ice Cream and Bottled Water; Sunrise Supplies (arts & crafts/games/sports equipment/puzzles/musical instruments/etc.); Medical supplies and equipment (first aid/medicine/cots/room dividers/special bed & chair/travel first aid kits) | 39,000         |
| Consultants/Contracted Services/Study                                  | Funding will be applied towards Sunrise Day Camp on-site Nurses and Sunrise Association Consultant services. Sunrise Association provides year-round support including comprehensive training on the following: policies, procedures, medical training, staff training, program review and evaluation; marketing services, including creative and design.   | 67,000         |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |   |                |
| Construction/Renovation/Land/Planning Engineering                      |   | 0              |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>265,000</b> |



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#### 13. Program Performance

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

The mission of the Sunrise South Florida Programs is to bring back the joys of childhood to children with cancer and their siblings. This mission is accomplished through the creation and oversight of welcoming, inclusive Summer Day Camp, Year-Round Programs and In-Hospital recreational activities, all offered free of charge. Sunrise South Florida programs provides the healing of the heart as well as the hope that each child can experience the true meaning of childhood.

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

Sunrise South Florida Programs provides three different programs for children with cancer and their siblings, all free of charge:  
Sunrise Day Camp South Florida (located at the DPJCC)  
Sunrise on Wheels (SOW) in-hospital year-round program at partner hospitals: Joe DiMaggio Children's Hospital (JDCH), Nicklaus Children's Hospital, Broward Health.  
SOW Break Camps provide exciting, themed camp programming on the 8th Floor Child-Life Zone at JDCH during school out days.

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

Sunrise Day Camp is a 6-week summer camp for children with cancer and their siblings, ages 3-16 years. SOW is an in-hospital, year-round program providing the joys of childhood to children undergoing treatment in pediatric oncology units of participating hospitals. SOW Break Camps provide exciting, themed camp programming on the 8th Floor Child-Life Zone at JDCH during school out days.

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

The target population served by the David Posnack JCC's Sunrise South Florida Programs includes children with cancer, their siblings, and family members, particularly those who are economically disadvantaged and have poor physical health. The age range of the children is from infants through teenagers, ages 0-18 years old. Sunrise Day Camp will serve children in preschool through 10th grade, with an average of 40 campers per day, for six weeks. Sunrise on Wheels will serve children from infants to teens, with an average of 20 participants per week, three to four days/week. In total, we expect to serve more than 800 children and their families throughout the year.

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

Sunrise South Florida Programs offer three key benefits: improved physical health, enhanced mental well-being, and boosted economic activity. Exercise supports children's cardiovascular health, muscle strength, and energy levels. Sunrise Day Camp promotes physical fitness through activities like swimming, soccer, and dancing, while SOW and SOW Break Camps integrate movement and dance in-hospital. The programs also foster mental health by providing emotional support, reducing anxiety and isolation, and offering a sense of adventure alongside siblings. Parents gain peace of mind and respite. Economically, these free programs eliminate financial barriers, allowing families to access vital experiences without added stress. Outcomes will be measured through direct observation and surveys from JCC staff, medical professionals, participants, and 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 in the contract?

Withholding of funding.

#### 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)



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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
- ☐ 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



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- ☐ 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

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.*