



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1418

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

H.O.W.'s Glenda M. Wright Angel Fund provides financial assistance to women battling ovarian cancer, allowing them to focus on healing rather than financial hardship. The program helps cover essential living and medical expenses, including rent, utilities, transportation, and treatment-related costs. With additional funding, the Angel Fund can expand its reach to support approximately 40 women and extend the duration of assistance to three months, offering greater financial stability and continuity of care throughout treatment.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	650,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>650,000</b>

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	650,000	76%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	200,000	24%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>850,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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?

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)?

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	10% for pre-award and post-award marketing, administration, compliance, management, reporting, and operational tracking.	65,000
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Funds will be used to provide approximately 40 women undergoing ovarian cancer treatment facing financial hardship with financial assistance for 3 months to cover essential living and medical expenses.	585,000
Consultants/Contracted Services/Study		0
<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>650,000</b>

#### 13. Program Performance

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

The funds will provide financial assistance to women undergoing ovarian cancer treatment, helping them maintain access to care, complete prescribed treatment plans, and reduce the stress and anxiety caused by financial hardship.

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



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The funds will provide direct financial assistance to women who are experiencing financial hardship. Assistance will cover essential living and medical expenses such as rent, utilities, transportation, and medications. The aid will help women maintain stability and access to care throughout their treatment.

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

Each recipient of an award will receive approximately \$5,000 per month for three months to help pay for rent, utilities, transportation, medical costs, and other essential expenses during treatment.

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

Women in Florida undergoing treatment for ovarian cancer who are in financial need.

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

The expected outcomes of this project are reduced barriers to treatment and improved health and quality-of-life outcomes for women with ovarian cancer. H.O.W. will measure these outcomes by tracking treatment adherence, continuity of care, and self-reported health status from participants and providers. Additionally, pre- and post-assistance surveys will be conducted to assess changes in stress levels, emotional well-being, and financial stability among recipients.

**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?**

The agency should request a refund of all funds expended if recipient fails to meet terms of the contract.

**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):**

**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)?**



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☐ 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)

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



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d. Phone Number

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