

LFIR # 1642

1. Project Title	Lily's Warrior Pr	oject - Outreach P	rograms				
2. Senate Sponsor	Kristen Arringtor	l					
3. Date of Request	12/4/2025						
4. Project/Program D	escription						
-	•						
Lily's Warrior Project is committed to improving the well-being of pediatric patients in Central Florida by providing essential therapeutic resources that support emotional and psychological health. Our initiatives include medical play puppets, craft and music therapy tools, and gaming resources for teens—each designed to alleviate stress and enhance patient resilience. Additionally, we supply hygiene care packages for caregivers, ensuring their well-being and enabling them to better support their child's recovery. Through these services, we help families navigate complex medical diagnoses and foster a holistic care environment throughout hospital treatment.							
5. State Agency to re	ceive requested fu	inds Departr	nent of Children and F	amilies			
State Agency conta	acted? No						
6. Amount of the Non	recurring Request	for Fiscal Year 2	026-2027				
Type of Funding			Amo	Amount			
Operating				50,000			
Fixed Capital Outlay	/			0			
Total State Funds	Requested		50,000				
7. Total Project Cost f	for Fiscal Year 202	6-2027 (including	g matching funds ava	ilable for this proje	ect)		
Type of Funding			Amount	Percentage			
Total State Funds Requested (from question #6)			50,000	100%			
Matching Funds							
Federal			0	0%			
State (excluding the amount of this request)			0	0%			
Local			0	0%			
Other			0	0%			
Total Project Costs	s for Fiscal Year 20	026-2027	50,000	100%			
8. Has this project pr If yes, provide the	•	•	No				
Fiscal Year	Amo	ount	Specific	Vetoed			
(уууу-уу)	Recurring	Nonrecurring	Appropriation #				
9. Is future-year fund	ing likely to be req	uested?	Yes				
•							
a. If yes, indicate n	onrecurring amou	int per year.	50,000				
a. If yes, indicate n			50,000 lieu of state funding.				



10. Status of Construction

The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

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Complete questions 10 and 11 for Fixed Capital Outlay Projects

a. What is the c	urrent phase of t	he project?			
Planning	O Design	Construction N/A			
b. Is the project	"shovel ready"	(i.e permitted)?			
c. What is the es	stimated start da	ate of construction?			
d. What is the e	stimated comple	etion date of construction?			
e. What funding	stream will be ι	used for ongoing operations and	maintenance	of the project	?
		o receive, directly or indirectly, are of the facility and the entity.	any fixed capi	tal outlay fund	ing. 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 Post Office Box, legal correspondence locations (\$1,000): Marketing Flyers, QR Codes collateral, volunteer T-shirts/hats.	1,854		
Consultants/Contracted Services/Study	(\$3,000): CPA, accountant, consultant, legal. Consultant/Legal. (\$3000): 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.	42,146		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Majo	or Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6) 50				

13. Program Performance



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

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.

	auj	ustments can be discussed collaboratively.
14.	ls ti	his project related to mitigation, response, or recovery from a natural disaster? No
i	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. Na	ame 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?
	□ Y	es, Applied
	□ Y	es, Received



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□ No							
	□ No, but intends to apply						
a. If yes, provide th	a. If yes, provide the FEMA project worksheet ID#:						
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b. Provide the total	I project cost listed on the	e FEIVIA proj	ect worksneet:				
16. Has the entity app	olied for or received state	assistance f	or this project (other th	an this request)?			
☐ Yes, Applied							
☐ Yes, Received							
□ No							
□ No, but intends t	to apply						
		ncv (ex. Loca	ıl Government Emergen	cy Bridge Loan, Department o			
Commerce):							
17. Requester Contact	t Information						
a. First Name	Laura	Last Name	Moa				
b. Organization	Journeys Companion DB						
	LauraMoaConnect@gma	•	•				
d. Phone Number	(407)928-7372	Ext.					
18. Recipient Contact							
a. Organization	Journeys Companion DB. Project	A Lily's Warri	or				
b. Municipality and	d County Orange						
c. Organization Ty	pe						
□For Profit Entity	,						
☑Non Profit 501(c)(3)							
□Non Profit 501(c)(4)							
□Local Entity	□Local Entity						
□University or Co	ollege						
□Other (please s	pecify)						



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d. First Name	Laura	Last Name	Moa		
e. E-mail Address	LauraMoaConnect@gmail.com				
f. Phone Number	(407)928-7372	Ext.			
19. Lobbyist Contact Information					
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.