



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** HIV/AIDS and Cancer Treatment Through Art

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 12/19/2017

4. **Project/Program Description:**

A Leap of Faith Foundation creates art projects to increase the health of minority communities in the areas of HIV/AIDS and cancer

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Department of Health

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
1,475,000		1,475,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,475,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

**10. Is future-year funding likely to be requested?**

Yes

**a. If yes, indicate non-recurring amount per year.**

\$100,000

**11. Program Performance:**

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

The goal of the Foundation is to decrease HIV/AIDS new infection rates, increase HIV/AIDS treatment for those already infected, and increase the usage of health resources in minority communities for earlier detection, treatment, and support of cancer.

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

Activities and services provided to meet the intended purpose of funding include plays, films, and fashion shows that will have HIV/AIDS and/or cancer education, testing, and support components.

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Organizing, creating/coordinating events that will assist in keeping the Foundation in full operation.	325,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Film and video-autography, editors, marketing, designers, catering, legal fees, and	125,000



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	consultants.	
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Boom microphones, cameras, keyboards, airline tickets, conference rooms, computers, car rentals, hotels, gas, utility charges, wardrobe, and cellular access.	75,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Booking venues and promoters, radio and financial consultants.	175,000
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Organizing, creating/coordinating events that will assist in keeping the Foundation in full operation.	350,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Boom microphones, cameras, keyboards, airline tickets, conference rooms, computers, car rentals, hotels, gas, utility charges, wardrobe, and cellular access.	250,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Booking venues and promoters, radio and financial consultants.	175,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,475,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Direct services include condom distribution, health promotion/education, connecting resources and people, HIV/AIDS testing and referral services, and art enrichment programs.

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



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The target population includes the indigent, youths, disabled, elderly, college students, the homeless, substance abusers, current/formally incarcerated persons, immigrants, and minorities.

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

The expected benefit and outcomes of the Foundation's projects will focus on advancing HIV/AIDS education/prevention/treatment and promoting cancer awareness/treatment and support. The methodology used to measure outcomes will include surveys, interviews, observation, and record review.

**g. 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 Foundation's focus is to serve and educate marginalized people and communities. A penalty for not meeting deliverables or performance is to assess the previous performance, diagnose gaps/problems, plan an intervention, implement it, and evaluate the outcomes for better performance.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A

**13. Requestor Contact Information:**

- a. **Name:** Monester Denise Lee-Kinsler
- b. **Organization:** A Leap of Faith Foundation
- c. **Email:** monesterlee@gmail.com
- d. **Phone Number:** (404)207-7695

**14. Recipient Contact Information:**

- a. **Organization:** A Leap of Faith Foundation
- b. **County:** Miami-Dade
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. **Contact Name:** Monester Denise Lee-Kinsler
- e. **E-mail Address:** monesterlee@gmail.com
- f. **Phone Number:** (404)207-7695

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. **Name:** None
- b. **Firm:** None



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**c. Email:**

**d. Phone Number:**