



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1610

1. **Title of Project:** Live Like Bella® Childhood Cancer Foundation

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 02/11/2019

4. **Project/Program Description:**

The Live Like Bella® Foundation provides assistance to pediatric cancer families with medical co-pays, basic needs (gas, food, rent, utilities), and everything in between. In addition, the foundation provides financial support for memorial services for children whose battle with cancer has ended.

5. **State Agency to receive requested funds :** Department of Health

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>750,000</b>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	750,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>750,000</b>	<b>100.0%</b>

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		600,000	475	No

9. **Is future-year funding likely to be requested?** No

10. **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		
Other Salary and Benefits	Manager of Family Services, Director of Community Partnerships,	150,000



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	and Manager of Philanthropy.	
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	In-treatment support and memorial support.	600,000
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning		
Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>750,000</b>

**11. Program Performance:**

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

To support Florida families affected by pediatric cancer by providing resources to alleviate the financial burdens presented to children and families with pediatric cancer.

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

Live Like Bella works directly with licensed pediatric healthcare professionals and families to provide needed funds to alleviate everyday financial burdens. Families receive assistance with medical co-pays, basic needs such as gas, food, and utilities, and everything in between.

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

Florida families whose children are battling cancer will receive direct services including, but not limited to, all aforementioned ancillary costs associated with their ongoing care.

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

Children and families undergoing cancer treatment. Upwards of 400 families receive support throughout the state of Florida.

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

Ease financial burdens incurred by families whose children are battling cancer measurable through assessment of family expenses.

**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?**

Withhold a percentage of funding until deliverables are met.

**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



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#### 13. Requestor Contact Information:

- a. **Name:** Nicole de Lara Puente
- b. **Organization:** Live Like Bella Childhood Cancer Foundation
- c. **E-mail Address:** Nicole@livelikebella.org
- d. **Phone Number:** (786)223-4444

#### 14. Recipient Contact Information:

- a. **Organization:** Live Like Bella Childhood Cancer 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:** Nicole de Lara Puente
- e. **E-mail Address:** Nicole@livelikebella.org
- f. **Phone Number:** (786)223-4444

#### 15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**