



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2407

1. Title of Project: Hands of Hope Sickle Cell Awareness Foundation, Inc.

2. Senate Sponsor: Darryl Rouson

3. Date of Submission: 02/20/2019

4. Project/Program Description:

Hands of Hope SCA's main focus is to help families and individuals living with Sickle-Cell Anemia by:

1. Providing emergency assistance when needed (prescription assistance and transportation);
2. Providing community information and referrals (doctor's, specialist, community programs, and services); and
3. Providing social and emotional support through groups and activities.

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

State Agency Contacted? Yes

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

Type of Funding	Amount
Operations	65,000
Fixed Capital Outlay	120,000
Total State Funds Requested	185,000

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)	185,000	100.00%
Federal		0.00%
State (excluding the amount of this request)		0.00%
Local		0.00%
Other		0.00%
Total Project Costs for Fiscal Year 2019-2020	185,000	100.0%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Leadership and management duties. The Executive Director collaborates with the Board of Directors and the management	25,000



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2407

	team to carry out the decisions of the Board.	
Other Salary and Benefits	Support staff that will assist with educational and training programs.	5,000
Expense/Equipment/Travel/Supplies/Other	Purchasing of computers, hardware, and tablets.	5,000
Consultants/Contracted Services/Study	Hiring of health professionals, nurses, and assistants.	10,000
Operational Costs:		
Salary and Benefits	Hiring of maintenance and facility support staff that will assist with educational and training programs.	10,000
Expense/Equipment/Travel/Supplies/Other	Purchasing of software, printer, toner, and travel for participants to their doctor.	5,000
Consultants/Contracted Services/Study	Hiring of physical therapist and psychological professionals.	5,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Purchasing and renovation of the facility which will serve as a resource center and safe house for participants.	120,000
Total State Funds Requested (must equal total from question #6)		185,000

11. Program Performance:

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

Help families and individuals living with Sickle-Cell Anemia.

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

1. Providing emergency assistance when needed (prescription assistance and transportation). 2. Providing community information and referrals (doctor's, specialist, community programs, and services). 3. Providing social and emotional support through groups, and activities.

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

Leadership and educational awareness.

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

100 Persons with poor physical health.

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

Early detection of the symptoms and traits of Sickle-Cell Anemia. Blood tests, regular health visits, screening, and education.

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?

Termination of contract.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2407

relationship between the owner(s) of the facility and the entity.

Hands of Hope Sickle Cell Awareness Foundation, Inc.

13. Requestor Contact Information:

- a. **Name:** Cecelia Mitchell
- b. **Organization:** Hands of Hope Sickle Cell Awareness Foundation Inc.
- c. **E-mail Address:** ceceliamitchell56@gmail.com
- d. **Phone Number:** (813)417-1014

14. Recipient Contact Information:

- a. **Organization:** Hands of Hope Sickle Cell Awareness Foundation Inc.
- b. **County:** Hillsborough
- 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:** Cecelia Mitchell
- e. **E-mail Address:** ceceliamitchell56@gmail.com
- f. **Phone Number:** (813)417-1014

15. Lobbyist Contact Information

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