



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2612

1. Title of Project: HIV/AIDS & CANCER THROUGH ARTS AND ENTERTAINMENT

2. Senate Sponsor: Bobby Powell

3. Date of Submission: 03/20/2019

4. Project/Program Description:

To provide HIV/AIDS & Cancer through Arts and Entertainment grassroots by combining education and information necessary to transform the minds of those who are unaware and/or affected by HIV/AIDS and cancer either directly or indirectly from someone close that is affected.

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	250,000
Fixed Capital Outlay	
Total State Funds Requested	250,000

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)	250,000	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	250,000	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? Yes

a. If yes, indicate non-recurring amount per year. 250,000

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		



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Executive Director/Project Head Salary and Benefits	Project Manager/Executive Director will be compensated to create strategies for the advancement of the community by providing clinical information, connecting people with doctors and supporting agencies that can enhance the community with information on preventive health.	45,000
Other Salary and Benefits	Administrative Assistant, promoters, social media assistant, outreach employees.	50,000
Expense/Equipment/Travel/Supplies/Other	Over-head, electricity, phone(s), Internet, transportation, technical support such as computer, fax, and copy machine.	15,000
Consultants/Contracted Services/Study	Booking of locations, permits, insurances, licenses, lawyers, accountants, and financial advisor/consultant.	10,000
Operational Costs:		
Salary and Benefits	Contractors, interior Designer, Set Designer, Engineers, Sound/Production staff that builds the stage and special effects, carpenters, and painters.	45,000
Expense/Equipment/Travel/Supplies/Other	Fog Machines for show(s), Speakers for DJs, Sound boards for special effects, lighting system, car rentals for artist(s) and performers that needs transportation, airline tickets/hotel for designers, performers/headliner that is performing, gas for vehicles of operation, utility charges, wardrobe for performers such as prop clothes or clothes donated to participants. Boom Mics, Cameras, keyboards, microphones, rental of venues and equipment for lights & music, car rental, airline tickets, hotel	65,000
Consultants/Contracted Services/Study	For the Lawyer to sign the contracts for performers and event and promoters.	20,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		250,000

11. Program Performance:

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

The goal of A Leap of Faith Foundation is to increase health regarding HIV/AIDS and cancer by educating communities through arts and education. The funds requested will assist A Leap of Faith Foundation to have greater community impact to educate, identify local support agencies, and transmit personal stories via the visual and performing arts.

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

Supplemental health and linkage care, workshops, and awareness events where they are able to attend to obtain information and assistance with what they are lack or resources they are not aware of.



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

When they have been informed of their status or diagnosis, A Leap of Faith Foundation will access them link them to treatment best for their condition and location.

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

The unemployed, individuals with mental health issues, elderly, youth, economically disenfranchised, poor physical health, at risk, homeless, developmental and physically disabled, drug users, high school/challenged adolescents and university students, drug users/offenders, incarcerated and formerly incarcerated, domestic violence and rape victims and victims of crime.

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

By providing and implementing assessment information based on type of project performed, A Leap of Faith Foundation will offer before and after assessment forms to reveal how the projects, workshops, film and many other performances change the behavior that health of what was before and after engaging and experiencing A Leap of Faith Foundation performances that made the participants make healthier, conscious, and less risky behavior choices and decisions.

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?

A written warning and the second time a fine from the state and third time, removal of funds if ineffective.

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 Lee-Kinsler
- b. **Organization:** A Leap of Faith Foundation
- c. **E-mail Address:** 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)



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- d. **Contact Name:** Monester Lee-Kinsler
- e. **E-mail Address:** monesterlee@gmail.com
- f. **Phone Number:** (404)207-7695

15. Lobbyist Contact Information

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