



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1512

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

With funding for FY 2020-21, the Debbie Turner Cancer Care and Resource Center will 1.) operate and maintain a vehicle specifically for the purpose of transporting clients to appointments, and 2.) cover monthly operating expenses.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="135,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	135,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="135000"/>	<input style="width: 80%;" type="text" value="40.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="98,000"/>	<input style="width: 80%;" type="text" value="29"/> %
Other	<input style="width: 80%;" type="text" value="102,700"/>	<input style="width: 80%;" type="text" value="31"/> %
Total Project Costs for Fiscal Year 2020-2021	335,700	100 %

8. **Has this project previously received state funding?** Yes No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

9. **Is future-year funding likely to be requested?** Yes No
- If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Operational Costs: Other		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other	Operating Expenses/Overhead (mortgage, electrical, water, sewer, and pest control) - \$60,000; Vehicle, Gas and vehicle upkeep - \$75,000.	135,000
Consultants/Contracted Services/Study		<input type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
Total State Funds Requested (must equal total from question #6)		135,000



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11. Program Performance

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

With funding for FY 2020-21, the Debbie Turner Cancer Care and Resource Center will 1.) secure vehicle specifically for the purpose of transporting clients to appointments and 2.) cover monthly operating expenses.

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

Funds will help provide transportation to/from appointments, medication/grocery pick-up and other trips directly related to the support of individuals and their families. Operational costs/salary requests are necessary to keep access to information, education, resources, and support free of charge. Also, by focusing the funds on the operational cost, full attention can be given to fundraising focused on early detection (screening/exams), treatment, medications, and follow-up care.

- c. What direct services will be provided to citizens by the appropriation project?

Open to all those affected by cancer and their families: Transportation to/from appointments, Medication/grocery pick-up, informational/educational sessions, support groups (men, women, teens, and family), computer lab, and access to free prosthetics, wigs, scarves, food, hygiene, and comfort items.

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

The target population is comprised of people with poor physical health and those that are economically disadvantaged; however, everyone affected by cancer can have access to programs and services by registering with the Center. The number of people expected to be served by these funds - based on 2018 data - would be over 1,600.

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

Providing access to information, education, transportation, medical resources, and other services, allows for those affected to enter treatment sooner and immediately begin to focus on getting well. The Center will show an increase over prior year in individuals being diagnosed and entering treatment as well as the medical outcome. Clients must register for services and are frequently monitored by volunteers. Some methods of data collection are phone calls and home/hospital visits. The DTCCR team is committed to supporting the client and family through the entire process. Census is reported monthly.

- 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?

If failing to meet deliverables, funds would be reimbursed.



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

N/A

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
 - Non-Profit 501(c) (3)
 - Non-Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.