



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1635

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

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**
 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="750,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	750,000

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="750000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
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="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	750,000	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" value="2019-20"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="500,000"/>	<input style="width: 80%;" type="text" value="475"/>	<input style="width: 80%;" type="text" value="No"/>

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

If yes, indicate nonrecurring amount per year.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1635

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	Manager of Family Services, Director of Community Partnerships, Manager of Philanthropy	150,000
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	In treatment Support / Memorial Support	600,000
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)		750,000



The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

LFIR # 1635

11. Program Performance

- a. What specific purpose or goal 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 activities and services 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, utilities, and everything in between.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1635

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.**

None

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.