



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1266

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?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 500,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 500,000 |

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|------------------|-------------|
| Total State Funds Requested (from question #6) | 500,000 | 50% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 500,000 | 50% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2021-2022 | 1,000,000 | 100% |

8. Has this project previously received state funding?

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2020-21 | 0 | 750,000 | 476 | Yes |

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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

| Spending Category | Description | Amount |
|--|---|----------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | 0 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | 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. | 500,000 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 500,000 |

12. 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 the contract?

Withhold a percentage of funding until deliverables are met.



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13. 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



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number