The Florida Senate
Local Funding Initiative Request
Fiscal Year 2024-2025

LFIR # 3615

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

2. Senate Sponsor Darryl Rouson

3. Date of Request 01/16/2024

4. Project/Program Description

To educate the community about sickle cell disease/sickle cell trait by providing screen, and educational workshops. Provide groups, families, and individuals with mental health counseling. Our focus is to become a single contact center in the city to help the sickle cell surviving skills development and other supportive services to include art, music, and pet therapy.

5. State Agency to receive requested funds Department of Health

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	0
Total State Funds Requested	**150,000**

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	150,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	**150,000**	**100%**

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	0	100,000	3573	No

9. Is future funding likely to be requested? No

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?

No

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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

○ Planning ○ Design ○ Construction ◉ N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

13. 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. Collaborates with the Board of Directors and management team to carry out the objectives of the project.	35,000
Other Salary and Benefits	Grants and financial and administrators are responsible to support services to designated program staff, assist with the oversight of implementation and monitoring funding.	53,000
Expense/Equipment/Travel/Supplies/ Other	Purchase new computers and upgrade present computers and software system.	4,000
Consultants/Contracted Services/Study	Hirning of mental health counselor, nurse practitioner, nurses and market manager, certified public and information technology employee.	20,000
Operational Costs: Other		
Salary and Benefits	Hiring	30,000
Expense/Equipment/Travel/Supplies/ Other	Hiring of cleaning company and support staff that will assist with educational and training company.	3,000
Consultants/Contracted Services/Study	Pain management doctor.	5,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		**150,000**

14. Program Performance

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

The US national average shows that of every 1,000 infants screened for sickle cell trait approx 15.5 show the trait. In Florida the result is 25.5 for every 1,000 infants screened.
The objective of our ongoing initiative is to provide
opportunities for young people and their families dealing with the disease to reach their full potential and instill confidence to make healthy choices by making families aware of Sickle Cell/Sickle Cell Trait and the importance of making great choices. Hands of Hope believes that the most effective way to do this is by addressing the root causes through education and awareness. Hands of Hope geographic reach is Hillsborough, Pasco, Pinellas and Polk Counties.
Hands of Hope

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

Sickle Cell Trait Screenings
Every 1st Tuesday of the month Hands of Hope will offer free sickle cell disease/trait screening on site at their main office and at various community events.
Results are available within 10 minutes of the test. All test will be performed by a licensed health care profession.

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

Counseling and Support Groups
Counseling and Support Meetings
Counseling services are available at Hands of Hope's main office during normal office hours (8AM-5PM) and by appointment after hours. Support meetings are held the 4th Tuesday of each month from 6:00pm to 7:00pm. Support meetings are free and open to the public. Support meetings are available for

¿ Trainings and Community Events
-CPR Trainings and Sickle Cell Community Educational Outreach
-CPR Training Dates TBD throughout the year, along with other educational opportunities Hosted by Hands of Hope.
Hands of Hope has also provided a list of events scheduled for the 2024 calendar year on their website.
As previously mentioned, Sickle Cell Trait Screenings

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

Those diagnosed and managing Sickle Cell, and also for the family and loved ones supporting individuals who have been diagnosed.
Our targeted individuals is 300 or more.

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

he execution of our performance and resource utilization will be measured by:
Number of individuals utilizing services (Screenings, Support Groups/Counseling, and attending Community Events and Trainings)
Capture Insurance Coverage Data for Partnerships with health care provider partners.
- Insurance/No insurance
- Medicaid/Non-Medicaid
Demographic breakdown of utilization - Gender
- Age
- Residence Zip Code

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?

Failure to meet objectives should result in 5% return of current funding appropriation .

15. Requester Contact Information

a. First Name	Cecelia	**Last Name**	Mitchell
b. Organization	Hands of Hope Sickle Cell Awareness Foundation Inc.		
c. E-mail Address	cecelia-mitchell@hoh-sca.org		

d. Phone Number (813)417-1014 **Ext.**

16. Recipient Contact Information

a. Organization Hands of Hope Sickle Cell Awareness Foundation Inc.

b. Municipality and County Hillsborough

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 Cecelia **Last Name** Mitchell

e. E-mail Address cecelia-mitchell@hoh-sca.org

f. Phone Number (813)417-1014

17. Lobbyist Contact Information

a. Name None

b. Firm Name

c. E-mail Address

d. Phone Number