



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1493

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The goal is to provide financial assistance to families whose children are battling cancer with medical co-pays, basic needs such as gas, food, and utilities, etc. Additionally, the funds will go towards providing financial support for memorial services for children whose battle with cancer has ended.

5. State Agency to receive requested funds

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

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)	1,000,000	67%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	33%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	1,500,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	1,000,000	483	No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year.

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

Private funds, grants, and Miami-Dade County funding

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

Yes

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



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Live Like Bella received PPP funding to cover payroll expenses in 2020 and both loans have since been forgiven.

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Assistance to families whose children are battling cancer with medical copays, basic needs including but not limited to gas, food, utilities, etc. Additionally, Live Like Bella® provides financial assistance for memorial services for children who have passed from cancer.	1,000,000
Expense/Equipment/Travel/Supplies/Other		0
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)		1,000,000

14. Program Performance

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

To support Florida families who have been affected by childhood cancer by providing resources to alleviate the financial burdens incurred while undergoing treatment.



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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 for basic necessities to alleviate everyday financial burdens. Families receive assistance with medical copays, 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.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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**



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e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number