



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Live Like Bella Childhood Cancer Foundation

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 01/04/2018

4. **Project/Program Description:**

The Live Like Bella® Foundation provides assistance to pediatric cancer families with medical co-pays, basic needs such as gas, food and utilities and everything in between. Additionally, the foundation provides financial support for memorial services for children whose battle with cancer has ended.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Department of Health

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
600,000		600,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 600,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

**10. Is future-year funding likely to be requested?**

No

**11. Program Performance:**

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

The goal is to provide assistance to pediatric cancer families with medical co-pays, basic needs such as gas, food and utilities, etc. Additionally, the foundation provides financial support for memorial services for children whose battle with cancer has ended.

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

Services include in-treatment support including but not limited to assistance with medical co-pays, basic needs such as gas, food and utilities and everything in between. Additionally the funds will go towards providing financial support for memorial services for children whose battle with cancer has ended.

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	In Treatment Support	600,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		600,000

**d. What are the direct services to be provided to citizens by the appropriations 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.

**e. 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.

**f. 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 measurable through assessment of family expenses.

**g. 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 % of funding until deliverables are met.

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

None

**13. Requestor Contact Information:**

- a. **Name:** Nicole de Lara Puente
- b. **Organization:** Live Like Bella Childhood Cancer Foundation
- c. **Email:** Nicole@livelikebella.org
- d. **Phone Number:** (786)223-4444

**14. Recipient Contact Information:**

- a. **Organization:** Live Like Bella Childhood Cancer Foundation
- b. **County:** Miami-Dade
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)



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- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

**d. Contact Name:** Nicole de Lara Puente

**e. E-mail Address:** Nicole@livelikebella.org

**f. Phone Number:** (786)223-4444

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**