

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

State Agency contacted?

Type of Funding

Yes

5. State Agency to receive requested funds

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

American Cancer Society - Access to Care Support - Palm Beach,

American Cancer Society (ACS) aims to reduce barriers and financial burdens to cancer care with a focus on serving cancer patients who are economically disadvantaged and who are uninsured, under-insured, or receiving Medicaid. The goal of our Road to Recovery transportation and lodging program and our sub-grants to cancer centers for patient transportation and lodging expenses are to give all patients an opportunity to start and complete their treatment plans.

Department of Health

Amount

Broward, Miami Dade

Jason Brodeur

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

03/03/2023

LFIR # 2658

otal Project Cost f	for Fiscal Year 202	23-2024 (includin	g matching funds avai	ilable for this pro
Гуре of Funding			Amount	Percentage
Total State Funds Requested (from question #6)		estion #6)	404,095	100%
Matching Funds				
ederal			0	0%
State (excluding the amount of this request)			0	0%
			0	0%
_ocal			<u> </u>	
_ocal Other			0	0%
Other Fotal Project Costs	s for Fiscal Year 2	•	404,095	0% 100 %
Other Fotal Project Costs	eviously received	•	404,095 No Specific	
Other Fotal Project Costs Has this project pr	eviously received	state funding?	Appropriation #	100%
Other Fotal Project Costs Has this project pr Fiscal Year	eviously received	state funding?	Appropriation #	100%
Other Fotal Project Costs Fiscal Year (уууу-уу)	eviously received	state funding? ount Nonrecurring	Appropriation #	100%

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



11. Status of Construction

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

2020
\$100,000 – Alaska Payroll Support
\$50,000 – Maryland Payroll Support
\$30,000 - Maryiana Fayron Support
2021
\$27,023 – Alaska Payroll Support
\$ 50,000 – Maryland Payroll Support
2022

\$62,977 – Alaska Payroll Support

Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the current phase of the project?	
OPlanning ODesign OConstruction	
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 and the control of the facility to receive, directly or individual the control of the facility to receive, directly or individual the control of the facility to receive, directly or individual the control of the facility and the control of the control	

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	Indirect costs, to include insurance, to implement access to Road to Recovery program and administration of sub-grants to cancer centers	72,495			
Consultants/Contracted Services/Study		0			
Operational Costs: Other					
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other	Postage for Road to Recovery program and sub-grant administration; Road to Recovery transportation vouchers; Road to Recovery volunteer recruitment administration, background checks and sanitation kits	31,600			
Consultants/Contracted Services/Study	Sub-grants up to 10 cancer centers for under-resourced patients' transportation and lodging expenses	300,000			
Fixed Capital Construction/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (m	ust equal total from question #6)	404,095			



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14. Program Performance

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

The goal of our Road to Recovery transportation and lodging program and our sub-grants to cancer centers for patient transportation and lodging expenses are to give all patients an opportunity to start and complete their treatment plans.

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

Building capacity, recruiting, training, activating, and retaining community volunteers to administer the Road to Recovery program. Administration of sub-grants to cancer centers. Free transportation and lodging to under-resourced patients for cancer treatment appointments.

. What direct services will be	provided to citizens b	y the appro	priation p	project?
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Transportation, rides to treatment and free lodging nights, for treatment.

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

Under resourced cancer patients, who need assistance accessing treatment. We anticipate more than 1,000.

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

Help cancer patients have better treatment compliance, therefore, help improve health outcomes.

We will be able to measure the number of patients served and rides provided through the Road to Recovery program. And with sub-grants, cancer centers will submit interim & final reports concerning number of patients served, rides and lodging expenses provided, and patient demographics.

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 deliverables or performance measures in the contract agreement will result in return of funds, as appropriate.

15. Requester Contact Information					
a. First Name	Sarah		Last Name	Glenz	
b. Organization	American	Cancer Society			
c. E-mail Address	sarah.gle	nz@cancer.org			
d. Phone Number	(727)547	-3525	Ext.	N/A	
16. Recipient Contact	16. Recipient Contact Information				
a. Organization	American	Cancer Society			
b. Municipality and County Broward, Miami-Dade, Palm Beach					
c. Organization Type					
☑For Profit Entity					
□Non Profit 501(c	c)(3)				
□Non Profit 501(c	c)(4)				
□Local Entity					



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□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Sarah	Last Name	Glenz	
e. E-mail Address	sarah.glenz@cancer.org			
f. Phone Number	(727)547-3525			
17. Lobbyist Contact I	nformation			
a. Name	None			
b. Firm Name	None			
c. E-mail Address				
d. Phone Number				