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

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 02/11/2019

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:** Department of Health

   State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>750,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>750,000</td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>750,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>750,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Amount NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td>600,000</td>
<td>475</td>
<td>475</td>
<td>No</td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

    | Spending Category Administrative Costs: | Description | Amount  |
    |----------------------------------------|-------------|---------|
    | Executive Director/Project Head Salary and Benefits | | |
    | Other Salary and Benefits | Manager of Family Services, Director of Community Partnerships, | 150,000 |
11. Program Performance:

a. What is the specific purpose or goal that 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 are the activities and services that 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, and utilities, and everything in between.

c. 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.

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 in the contract?
   Withhold a percentage 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.
   N/A
13. Requestor Contact Information:
   a. Name: Nicole de Lara Puente
   b. Organization: Live Like Bella Childhood Cancer Foundation
   c. E-mail Address: 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)
      ○ 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. Lobbyist Contact Information
   a. Name: None
   b. Firm Name: None
   c. E-mail Address:
   d. Phone Number: