1. **Title of Project:** Debbie Turner Cancer Care and Resource Center

2. **Senate Sponsor:** Randolph Bracy

3. **Date of Submission:** 02/12/2019

4. **Project/Program Description:**
   
   With funding for FY 2019-20, the Debbie Turner Cancer Care and Resource Center will 1.) secure a vehicle specifically for the purpose of transporting clients to appointments, 2.) cover monthly operating expenses, and 3.) fund annual salaries for the Executive Director and an Office Administrator.

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>175,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>175,000</strong></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>175,000</td>
<td>46.58%</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>98,000</td>
<td>26.08%</td>
</tr>
<tr>
<td>Other</td>
<td>102,700</td>
<td>27.34%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>375,700</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

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

   a. If yes, indicate non-recurring amount per year. $120,000

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

    | Spending Category | Description | Amount |
    |-------------------|-------------|--------|
    | Administrative    |             |        |
Executive Director/Project Head Salary and Benefits
Executive Director - salary will allow for ED to focus administrative functions with specific attention to donor development and building relationships. Fundraising is designated to provide screenings, treatment, medications, and follow up care. 

Other Salary and Benefits
Office Administrator - salary will allow for designated individual to focus on day to day office functions, assist in fundraising activities, and maintain donor database.

Expense/Equipment/Travel/Supplies/Other

<table>
<thead>
<tr>
<th>Consultants/Contracted Services/Study</th>
<th>Operational Costs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary and Benefits</td>
<td>Salary and Benefits</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>Operating Expenses/Overhead (mortgage, electrical, water, sewer, and pest control) - $60,000; Vehicle - $40,000; and Gas and vehicle upkeep - $15,000.</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>Fixed Capital Construction/Major Renovation:</td>
</tr>
<tr>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td></td>
</tr>
</tbody>
</table>

**Total State Funds Requested (must equal total from question #6)**

11. Program Performance:

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

With funding for 2019-20, the Debbie Turner Cancer Care and Resource Center will 1.) secure vehicle specifically for the purpose of transporting clients to appointments 2.) cover monthly operating expenses, and 3.) fund annual salary for the Executive Director and an Office Administrator.

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

Funds will help provide transportation to/from appointments, medication/grocery pick-up and other trips directly related to the support of individuals and their families. Operational costs/salary requests are necessary to keep access to information, education, resources, and support free of charge. Also, by focusing the funds on the administrative and operational cost, full attention can be given to fundraising focused on early detection (screening/exams), treatment, medications, and follow-up care.

c. **What are the direct services to be provided to citizens by the appropriations project?**

Open to all those affected by cancer and their families: Transportation to/from appointments, Medication/grocery pick-up, informational/educational sessions, support groups (men, women, teens, and family), computer lab, and access to free prosthetics, wigs, scarves, food, hygiene, and comfort items.

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

The target population is comprised of people with poor physical health and those that are economically disadvantaged; however, everyone affected by cancer can have access to programs and services by registering
with the Center. The number of people expected to be served by these funds - based on 2018 data - would be over 1,600.

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

Providing access to information, education, transportation, medical resources, and other services allows for those affected to enter treatment sooner and immediately begin to focus on getting well. The Center will show an increase over prior year in individuals being diagnosed and entering treatment. Clients must register for services and are frequently monitored by volunteers. Some methods of data collection are phone calls and home/hospital visits. The DTCCR team is committed to supporting the client and family through the entire process. Census is reported monthly.

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?**

If failing to meet deliverables, funds would be reimbursed.

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:** Jacqueline Kazimer
   b. **Organization:** Debbie Turner Cancer Care and Resource Center, Board Member
   c. **E-mail Address:** Jacqueline.kazimer@yahoo.com
   d. **Phone Number:** (407)579-8487

14. **Recipient Contact Information:**

   a. **Organization:** Debbie Turner Cancer Care and Resource Center
   b. **County:** Orange
   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:** Debbie Turner
   e. **E-mail Address:** debbieturnercancercenter@gmail.com
   f. **Phone Number:** (407)620-0978

15. **Lobbyist Contact Information**
a. Name: None
b. Firm Name: None
c. E-mail Address:
d. Phone Number: