1. **Title of Project:** Hands of Hope Sickle Cell Awareness Foundation, Inc.

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 02/20/2019

4. **Project/Program Description:**
   Hands of Hope SCA’s main focus is to help families and individuals living with Sickle-Cell Anemia by:
   1. Providing emergency assistance when needed (prescription assistance and transportation);
   2. Providing community information and referrals (doctor’s, specialist, community programs, and services); and
   3. Providing social and emotional support through groups and activities.

5. **State Agency to receive requested funds:** Department of Health

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>65,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>120,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>185,000</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>185,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Local</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>185,000</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?** No

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

<table>
<thead>
<tr>
<th>Spending Category Administrative Costs:</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td>Leadership and management duties. The Executive Director collaborates with the Board of Directors and the management</td>
<td>25,000</td>
</tr>
</tbody>
</table>
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

LFIR#: 2407

<table>
<thead>
<tr>
<th>Other Salary and Benefits</th>
<th>Support staff that will assist with educational and training programs.</th>
<th>5,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>Purchasing of computers, hardware, and tablets.</td>
<td>5,000</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>Hiring of health professionals, nurses, and assistants.</td>
<td>10,000</td>
</tr>
</tbody>
</table>

**Operational Costs:**

<table>
<thead>
<tr>
<th>Salary and Benefits</th>
<th>Hiring of maintenance and facility support staff that will assist with educational and training programs.</th>
<th>10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>Purchasing of software, printer, toner, and travel for participants to their doctor.</td>
<td>5,000</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>Hiring of physical therapist and psychological professionals.</td>
<td>5,000</td>
</tr>
</tbody>
</table>

**Fixed Capital Construction/Major Renovation:**

| Construction/Renovation/Land/Planning Engineering | Purchasing and renovation of the facility which will serve as a resource center and safe house for participants. | 120,000 |

**Total State Funds Requested (must equal total from question #6)** | 185,000 |

**11. Program Performance:**

a. **What is the specific purpose or goal that will be achieved by the funds requested?**
   Help families and individuals living with Sickle-Cell Anemia.

b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
   1. Providing emergency assistance when needed (prescription assistance and transportation).
   2. Providing community information and referrals (doctor's, specialist, community programs, and services).
   3. Providing social and emotional support through groups, and activities.

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

d. **Who is the target population served by this project? How many individuals are expected to be served?**
   100 Persons with poor physical health.

e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
   Early detection of the symptoms and traits of Sickle-Cell Anemia. Blood tests, regular health visits, screening, and education.

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?**
   Termination of contract.

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.
Hands of Hope Sickle Cell Awareness Foundation, Inc.

13. Requestor Contact Information:
   a. Name: Cecelia Mitchell
   b. Organization: Hands of Hope Sickle Cell Awareness Foundation Inc.
   c. E-mail Address: ceceliamitchell56@gmail.com
   d. Phone Number: (813)417-1014

14. Recipient Contact Information:
   b. County: Hillsborough
   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: Cecelia Mitchell
   e. E-mail Address: ceceliamitchell56@gmail.com
   f. Phone Number: (813)417-1014

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