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					LFIR # 149
Project Title	Smiling at Life				
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Senate Sponsor	Victor Torres				
Date of Request	02/10/2021				
Project/Program D	escription				
dissorders. We offer people in need to the many instances we	r entertainment and eir medical appoint provide the elderly	I art activities to help ments Mental and p with meals and tran	offering of cancer and of depress individuals longistical health programmes bortation to medical children with cancer.	petter cope with de ms along with bette	pression. We drive r diet education. In
State Agency to re	ceive requested fu	unds Departme	ent of Children and Fa	milies	
State Agency conta		for Fiscal Year 20	21-2022		
Type of Funding			Amo	unt	
Operations				75,000	
Fixed Capital Outlay	/			0	
Total State Funds				75,000	
Type of Funding Total State Funds R	equested (from que	estion #6)	<b>Amount</b> 75,000	Percentage 100%	
Matching Funds					
Federal			0	0%	1
State (excluding the	amount of this req	uest)	0	0%	1
Local			0	0%	1
Other			0	0%	
Total Project Costs	s for Fiscal Year 2	021-2022	75,000	100%	
Has this project pro	eviously received	state funding?	No		
Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
Is future funding lil	kelv to be request	ed?	No		
•	•				]
a. If yes, indicate n	onrecurring amou	int per year.			
b. Describe the so	urce of funding th	at can be used in li	ieu of state funding.		1
). Has the entity req	uesting this proie	ct received any fed	deral assistance rela	ted to the COVID-	19 pandemic?
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If yes, indicate the amount of funds received and what the funds were used for.

### 11. Details on how the requested state funds will be expended

Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits	Coordinate visits and activities. Produce presentations, talks and seminars with mental health empasis. Provide personalized help to individuals in crisis when needed.	25,000			
Other Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study	Consultants.	5,000			
Operational Costs: Other					
Salary and Benefits	Event coordinators.	15,000			
Expense/Equipment/Travel/Supplies/ Other	Vehicle rental, computers, printing materials, entertainment games, painting materials, working stations, meals, protective gear, uniforms and rental spaces for special seminars.	30,000			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (m	Total State Funds Requested (must equal total from question #6) 75,000				

#### 12. Program Performance

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

Assist people cope with depression due to severe medicas conditions. We pay paricular focus to depression during this pandemic times. Therefore, we help individuals with suicidal tendencies due to lack of transportation to visit their doctors, primary care goods or even food.

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

Provide mental health and motivational talks to children suffering of cancer and adults with mental and physical health disorders. We offer entertainment and art activities to help depress individuals better cope with depression. We drive people in need to their medical appointments.

c. What direct services will be provided to citizens by the appropriation project?

Mental and physical health programs along with better diet education. In many instances we provide the elderly with meals and transportation to medical appoinments. Additionally, we coordinate with hair-dressers in order to collect hair and make wigs for children with cancer.

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

Elderly persons, Persons with poor mental health, Persons with poor physical health, At-risk youth, Homeless, Physically disabled. Expect to serve 401-800 individuals.

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



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Improve physical health: To motivate children and adults to have good health, diet, and practice physical activities.: will be measured, We will keep a written log of physical progress. Improve mental health: Teach various strategies to manage streess and depression. Motivate children and adults to gain self-steam.: will be measured, We will run evaluations case by case since some of our program's participants need daily, weekly or monthly assistance. Improve transportation conditions: We provide transportation to those individuals in need to go to a medical appointment and required special companion.: will be measured, Log the number of people driven to appointments.

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?

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13.	The owners of the facilit	ly to receive, direct	iy or indirectly, any	y fixed capital outlay	/ tunaing. include the

Return the portion of the funding if the deliverable is not met.

relationship between the owners of the facility and the entity.				
N/A				

NI/A		
N/A		



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14.	14. Requestor Contact Information							
	a. First Name	Aixa		Last Name	Torres			
	b. Organization	Smiling Angels, Corp.						
	c. E-mail Address	angelitossonrientes@gmail.com						
	d. Phone Number	(407)925	(407)925-1293 Ext.					
15. Recipient Contact Information								
	a. Organization	Smiling A	ngels, Corp.					
	b. Municipality and County Orange							
	c. Organization Ty	ре						
	☑For Profit Entity	☑For Profit Entity						
	□Non Profit 501(d	1(c)(3)						
	□Non Profit 501(c	Profit 501(c)(4)						
	□Local Entity							
	□University or College							
	□Other (please specify)							
	d. First Name	Aixa		Last Name	Torres			
	e. E-mail Address	angelitossonrientes@gmail.com						
	f. Phone Number	(407)925-1293						
16.	16. Lobbyist Contact Information							
	a. Name	None						
	b. Firm Name	None						
	c. E-mail Address							
	d. Phone Number							