

I FIR # 2446

					LFIN # 24
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Project Title	Smiling at Life				
Senate Sponsor	Victor Torres				
Date of Request	01/12/2022				
Project/Program De	escription				
disorders. We offer e people in need to the many instances we p	entertainment and a eir medical appoint provide the elderly	art activities to help ments, mental and with meals and tra	suffering from cancer a depressed individuals physical health progra nsportation to medical or children with cancer.	s better cope with do ams along with bette appointments. Add	epression. We dri er diet education.
State Agency to rec	eive requested fu	unds Departr	nent of Children and F	amilies	
•	•	Dopara	none or ormatorrana r	<u> </u>	
State Agency contact	cted? No				
Amount of the Nonre	ecurring Request	for Fiscal Year 2	022-2023		
Type of Funding			Amo	unt	
Operations			Ame	75,000	
Fixed Capital Outlay				0	
Total State Funds R				75,000	
Type of Funding	. 1.76	.: "0	Amount	Percentage	
Total State Funds Re	equested (from que	estion #6)	75,000	100%	
Matching Funds			0	00/	
Federal State (evaluding the	amount of this roa	uoot)	0	0% 0%	
State (excluding the Local	amount of this req	uest)	0	0%	
Other			0	0%	
Total Project Costs	for Fiscal Vear 2	022-2023	75,000	100%	
. Has this project pre			No	10070	l
Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
Is future funding lik	ely to be request	ed?	No		
a. If yes, indicate no	onrecurring amou	ınt per year.			
b. Describe the sou	ırce of fundina th	at can be used in	lieu of state funding.		
]
]
). Has the entity requ	uesting this proje	ct received any fe	ederal assistance rela	ated to the COVID-	19 pandemic?
No		-			



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If yes, in	ndicate the	amount of	funds r	eceived ar	nd what	the funds	were used for.
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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	ust 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 coping with depression due to severe medical conditions. We pay particular 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 from cancer and adults with mental and physical health disorders. We offer entertainment and art activities to help depressed 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 appointments. 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 stress 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?

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

13.	The owners of the facility	y to receive, di	irectly or indirectly,	, any fixed cap	pital outlay funding	J. Include the
	relationship between the	owners of the	e facility and the en	tity.		

non applicable



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14.	14. Requestor Contact Information								
	a. First Name	Aixa		Last Name	Torres				
	b. Organization	Smiling A	Smiling Angels, Corp						
	c. E-mail Address	angelitos	angelitossonrientes@gmail.com						
	d. Phone Number	(407)925	(407)925-1293 Ext .						
15.	15. Recipient Contact Information								
	a. Organization	Smiling A	ngels, Corp						
	b. Municipality and County Orange								
	c. Organization Type								
	□For Profit Entity	ntity							
	☑Non Profit 501(c	(c)(3)							
	□Non Profit 501(c	1(c)(4)							
	□Local Entity								
	□University or College								
	□Other (please specify)								
	d. First Name	Aixa		Last Name	Torres				
	e. E-mail Address								
	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								