



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2729

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The purpose of this program will be to reimburse the school for the additional cost of providing Kosher meals over what the Federal government is reimbursing them under the NSLP.

5. State Agency to receive requested funds

State Agency contacted?  Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operations                         | 374,000        |
| Fixed Capital Outlay               | 0              |
| <b>Total State Funds Requested</b> | <b>374,000</b> |

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

| Type of Funding                                      | Amount         | Percentage  |
|--|----------------|-------------|
| Total State Funds Requested (from question #6)       | 374,000        | 100%        |
| <b>Matching Funds</b>                                |                |             |
| Federal  | 0              | 0%          |
| State (excluding the amount of this request)         | 0              | 0%          |
| Local  | 0              | 0%          |
| Other  | 0              | 0%          |
| <b>Total Project Costs for Fiscal Year 2023-2024</b> | <b>374,000</b> | <b>100%</b> |

8. Has this project previously received state funding?  No

| Fiscal Year (yyyy-yy) | Amount    |              | Specific Appropriation # | Vetoed |
|-----------------------|-----------|--------------|--------------------------|--------|
|                       | Recurring | Nonrecurring |                          |        |
|                       |           |              |                          |        |

9. Is future funding likely to be requested?  Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

The school that is currently running the program is swallowing the additional Kosher cost into their operating budget which is completed by their fundraising efforts and generous donors.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

If yes, indicate the amount of funds received and what the funds were used for.



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As a school we received a PP loan and EANS funding under ARPA. The amount was \$413,320.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

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

| Spending Category  | Description                                 | Amount         |
|--|---|----------------|
| <b>Administrative Costs:</b>   |   |                |
| Executive Director/Project Head Salary and Benefits                    |   | 0              |
| Other Salary and Benefits  |   | 0              |
| Expense/Equipment/Travel/Supplies/Other                                |   | 0              |
| Consultants/Contracted Services/Study                                  |   | 0              |
| <b>Operational Costs: Other</b>  |   |                |
| Salary and Benefits  | Cost of personell who serve the meals       | 174,000        |
| Expense/Equipment/Travel/Supplies/Other                                | the additional cost of kosher food products | 200,000        |
| Consultants/Contracted Services/Study                                  |   | 0              |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |   |                |
| Construction/Renovation/Land/Planning Engineering                      |   | 0              |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>374,000</b> |

### 14. Program Performance

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

These funds will enable the school to continue to serve our students Kosher meals and snacks during school. These funds specifically make up the difference between what the federal government is paying and what the meals actually cost.

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

Breakfast, Lunch and snacks will be served every school day to the students of the Chabad Hebrew Academy.

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



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Breakfast, Lunch and snacks will be served every school day to the students of the Chabad Hebrew Academy.

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

School aged children are the target population. 550 individuals are expected to be served.

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

The expected benefits are that when the students receive healthy and nutritious meals following the USDA guidelines, they are statistically more likely to be successful academically. The methodology we use to measure this outcome is both attendance records and standardized testing scores.

**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 of funds.

#### 15. Requester Contact Information

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

#### 16. Recipient Contact Information

**a. Organization**

**b. Municipality and County**

#### c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**



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c. E-mail Address

d. Phone Number