



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Healthy Plate/Healthy Living

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 12/06/2017

4. **Project/Program Description:**

Will address hunger among low income individuals and distribute over two million pounds of healthy foods including grains, fruits, proteins, vegetables, dairy and healthy oils; based on USDA recommendations. In addition there is an education and exercise component.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Agriculture and Consumer Services

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
294,280		294,280

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	25,000	5.9%
Other	106,500	25.0%
TOTAL	131,500	30.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 425,780

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 2

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		224,280	224,280

10. Is future-year funding likely to be requested?

Yes

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

\$294,280

11. Program Performance:

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

Improve physical and mental health; reduced healthcare costs and reduced crime.

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

To provide over two million pounds of healthy food through food recovery and donated foods, including grains, fruit, protein, vegetables, dairy and healthy oils. Services will be provided at three sites.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Truck Drivers (3) - pick up food	213,000



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	<p>purchases and donations from food banks, stores, and private donors; Administrative Assistant (1) - provide clerical support to the operations of the program; Warehouse Workers (2) - weigh and verify food donations, maintain inventory, organize and stock incoming donations, rotate stock, pull items from stock for distribution; Food Program Manager (1) - oversee the operations of the program; supervise and train volunteers, and staff.</p>	
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	<p>Nutrition Consultant (1) - meet with clients weekly and conduct monthly seminars and workshops to educate individuals on healthy eating habits; Fitness Consultant (1) - develop and instruct fitness classes; Custodian (1) - clean and maintain exterior and interior property; Certified Public Accountant (1) - develop and maintain financial record keeping and reporting systems; and Security Officer (1) - secure premises and personnel by patrolling property.</p>	81,280
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		



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TOTAL

294,280

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

To provide food distributions of healthy foods, including grains, fruit, protein, vegetables, dairy and healthy oils to individuals and families. Clients receive education classes on nutrition to decrease and prevent obesity, hypertension, diabetes, and other heart related issues caused by lack of good nutrition and exercise. Fitness consultant to design and implement fitness classes for clients to achieve better health (Exercise is vital to good health according to the Mayo Clinic, a health care provider).

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

Veterans, Elderly Persons, Mental Health/Poor Physical Health, Jobless, Economically Disadvantaged. At-Risk Youth, Homeless, Developmentally Disabled, Physically Disabled, Drug Users, Preschool Students, Grade School Students, High School Students, University/College Students, Formerly Incarcerated, Drug Offenders, Victims of Crimes and Others that are in need of assistance. The approximate number of individuals to be served is projected as approximately 12,000.

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

Improved physical and mental health; reduced healthcare costs and reduced crime. Surveys and crime data will be used to measure the outcomes.

g. 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?

Corrective Action Plan

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:** Ronae Cambridge
- b. **Organization:** Glory Temple Ministries, Inc
- c. **Email:** contact@glorytempleministriesmiami.org
- d. **Phone Number:** (305)456-5217

14. Recipient Contact Information:

- a. **Organization:** Glory Temple Ministries, Inc
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)



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- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Ronae Cambridge

e. E-mail Address: contact@glorytempleministriesmiami.org

f. Phone Number: (305)456-5217

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: