



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Reducing hunger in Miami-Dade Co. at the community level

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 12/10/2017

4. **Project/Program Description:**

Delivering healthy meals and snacks to families and children living at or below poverty level

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
547,400	200,000	747,400

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 747,400

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

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:			

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

Yes

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

None

11. Program Performance:

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

To serve 120,000 nutritious health snacks and meals yearly

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

Creating more partnerships to strengthen our food network and increase our distribution

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Director & CFO	124,800
<input checked="" type="checkbox"/> Other Salary and Benefits	Office manager/ Administrative Assistant	74,800
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Rent/Tech/Travel/Office	60,600
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Fund-Raiser/CPA/Legal	100,000
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	5 truck driver	187,200



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Trucks/Refrigerators	200,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		747,400

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

Food delivery to reduce hunger issues in the county of Miami-Dade

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

Families of four with yearly income of \$24,000 or lower. To serve 30,000 individuals yearly

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

To reduce food insecurities by 3% by 2021. Pre and post survey and empirical research

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?

Reduced funding for upcoming years

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.

None

13. Requestor Contact Information:

- a. **Name:** Jason Holloway
- b. **Organization:** Band Aid for America Inc
- c. **Email:** bandaidfa@gmail.com
- d. **Phone Number:** (305)912-5357

14. Recipient Contact Information:

- a. **Organization:** Band Aid for America Inc
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity



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University or College

Other (Please specify)

d. Contact Name: Jason Holloway

e. E-mail Address: bandaidfa@gmail.com

f. Phone Number: (305)912-5357

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: