



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3311

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

Requesting funding to provide a food business incubation program for graduates of a culinary arts training class who desire to start their own business. Each person has a unique plan to achieve this goal but all participants receive business incubation classes (such as how to write a business plan, budgeting, and obtaining appropriate insurance), as well as food business-specific services (such as licensing, perfecting the product, mentoring from local chefs or restaurant owners, and marketing). An essential connection to a commercial kitchen for product development would be provided. The goal of the incubator is to help persons with low income who have at least a high school diploma or equivalent become business owners and be financially self-sustaining, ending poverty for themselves and their families.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	300,000
Total State Funds Requested	600,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	600,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	600,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**

The City of Fort Meade Community Redevelopment Agency allocation of \$50,000 initial year and future program funding with private partnerships

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



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Yes

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

\$5M CV Broadband grant currently under environmental review. Also ARPA funds are currently targeted for infrastructure projects of great need that include sewer/ water supply for the city.

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
 N/A

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.

The City of Fort Meade acquired a 1450 square foot building in the heart of the historic Main Street area. The building needs rehab/repair and equipment @ \$300,000 and the City CRA will contribute \$50,000 in capital outlay.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Office equipment and furnishings. Kitchen supplies, insurance, commercial kitchen appliances and seating.	150,000
Consultants/Contracted Services/Study	Culinary and business coaching over 3 year period.	150,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Rehab design to repair deteriorated interior and exterior building facades and infrastructure, update plumbing and electrical, fire suppression and alarm system. Kitchen classrooms.	300,000
Total State Funds Requested (must equal total from question #6)		600,000

14. Program Performance

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



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Create a culinary arts incubator to empower impoverished people in our community to realize their full potential creating long-term solutions to poverty through targeted culinary training and education in partnership with restaurants, food distribution vendors and business development organizations.

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

Job skills program that provides training in food safety, soft skills, and sous chef skills with a professional chef. Low income High School students are the ideal candidates for this program. ServSafe certifications for trainees and business development plans to prepare owning their own business.

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

Hands-on training for those pursuing a career in culinary arts. In addition, food items prepared would to be sold as part of the sustainability of the culinary program.

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

High School graduates/ young adults seeking work skills that can lead to employment and or business ownership in culinary arts.

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

To facilitate individuals with job skills in culinary arts and business planning. Outcome will be measured by job placement and or creation of restaurants, food trucks.

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?

non-payment of invoices

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) Municipality



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d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number