



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3160

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Infrastructure Expansion: Increase 20,000 sq. ft. warehouse facility capacity by 35% to meet needs of low-income, food-insecure families in 7 rural counties, including 2 of Florida's top 10 most food-insecure counties.
 Rural Access: Increase food distribution and food cost savings by growing network capacity and efficiency for 200+ partners.

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	0
Fixed Capital Outlay	2,000,000
Total State Funds Requested	2,000,000

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)	2,000,000	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	2,000,000	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.

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

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



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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)?

No

c. What is the estimated start date of construction?

08/01/2024

d. What is the estimated completion date of construction?

06/30/2025

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.

Feeding the Gulf Coast

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		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Contractor labor and fees for permits, land clearing, property development, construction, and manual labor related to the facility expansion.	2,000,000
Total State Funds Requested (must equal total from question #6)		2,000,000

14. Program Performance

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

Infrastructure Expansion: Increase 20,000 sq. ft. warehouse facility capacity by 35% to meet needs of low-income, food-insecure families in 7 rural counties, including 2 of Florida's top 10 most food-insecure counties.

Rural Access: Increase food distribution and food cost savings by growing network capacity and efficiency for 200+ partners.

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



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Work with contractors for permits, clearing, development, construction, labor to expand facility - Expand facility from 20,000 to 27,000 sq. ft.

Increase inventory turns and distribution to low-income rural families.

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

Increase access to fresh, nutritious food distribution for low-income, food-insecure children and families in rural food deserts - generate additional food cost savings for low-income families of over \$3,700,000 through targeted food distribution service.

Provide essential basic needs support during emergency response and natural disasters impacting Florida schools, businesses, and families.

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

Across our 7-county service area: 1 in 6 or over 135,000 people live in poverty (Census 2020). When you consider households who are Asset Limited, Income Constrained, Employed (ALICE, United Way of Florida), this number rises to 168,000 households affecting 42% of Western Panhandle households. This is our target population we expect to serve.

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

1. Increase health and wellness outcomes for low-income, food insecure households, including targeted populations of children and seniors, with an emphasis on communities located in rural communities. We will track the number of pounds of food distributed by Feeding the Gulf Coast (FTGC) and partner agencies and the types of food distributed by FTGC and partner agencies to measure this outcome.

2. Create food costs savings of over \$3,700,000 for low-income, food insecure families in 7 rural, western panhandle counties. We will track the pounds of food distributed, utilize the USDA meal conversion factor (1.2 pounds per meal), and determine the cost savings by multiplying the total meals by the USDA estimated average cost per meal per county.

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?

Delay or loss of funding if deliverables are not met.

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)



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- 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

c. E-mail Address

d. Phone Number