



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1554

1. **Title of Project:** North Miami Food Pantry

2. **Senate Sponsor:** Jason Pizzo

3. **Date of Submission:** 02/11/2019

4. **Project/Program Description:**

The City of North Miami Food Pantry, in collaboration with Feeding South Florida, enables the North Miami constituency to receive nutritionally balanced meals inclusive of fruits and vegetables and a variety of food choices. Participants are provided a budget with which they are able to shop weekly, which teaches the fundamentals of budgeting. This program helps alleviate hunger through the provision of food to families. The pantry will operate twice a week serving 200 households a week.

5. **State Agency to receive requested funds :** Department of Agriculture and Consumer Services

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	100,000
Fixed Capital Outlay	
Total State Funds Requested	100,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	100,000	66.7%
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	50,000	33.3%
Other	0	0.0%
Total Project Costs for Fiscal Year 2019-2020	150,000	100.0%

8. **Has this project previously received state funding?** No

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

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and		



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Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Collaboration with Feeding South Florida to implement a food pantry for the benefit of North Miami residents.	100,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning		
Engineering		
Total State Funds Requested (must equal total from question #6)		100,000

11. Program Performance:

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

The purpose of the funds is to implement a food pantry in collaboration with Feeding South Florida for the benefit of North Miami residents.

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

Participants will be provided a budget to shop weekly, which teaches the fundamentals of budgeting. This program helps alleviate hunger through the provision of food to families. The pantry will operate twice a week serving 200 households a week.

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

The program enables the North Miami constituency to receive nutritionally balanced meals inclusive of fruits and vegetables and a variety of food choices.

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

North Miami residents; 200 households per week.

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

The program will reduce hunger. There will be a database that assesses the number of households served.

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 in the contract?

The penalty for not performing this project would require the reimbursement of state funds.

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



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13. Requestor Contact Information:

- a. **Name:** Larry Spring
- b. **Organization:** City of North Miami
- c. **E-mail Address:** lspring@northmiamifl.gov
- d. **Phone Number:** (305)895-9898

14. Recipient Contact Information:

- a. **Organization:** City of North Miami
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Natasha Colebrook-Williams
- e. **E-mail Address:** ncolebrook-williams@northmiamifl.gov
- f. **Phone Number:** (305)895-9898

15. Lobbyist Contact Information

- a. **Name:** Ron Book
- b. **Firm Name:** Ronald Book, P.A.
- c. **E-mail Address:** ron@rlbookpa.com
- d. **Phone Number:** (305)935-1866