



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2580

1. **Title of Project:** Florida Children's Initiative (FS 409.147)

2. **Senate Sponsor:** Audrey Gibson

3. **Date of Submission:** 03/19/2019

4. **Project/Program Description:**

To support at-risk children and families in disadvantaged communities in Jacksonville, Orlando, Liberty City, Overtown and Sulphur Springs addressing critical needs using a proven cradle to career strategy.

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	2,000,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>2,000,000</b>

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)	2,000,000	23.3%
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	6,600,000	76.7%
Other	0	0.0%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>8,600,000</b>	<b>100.0%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2016-17		250,000		No

9. **Is future-year funding likely to be requested?** Yes

a. If yes, indicate non-recurring amount per year. 1000000

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		



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Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Subcontract with each of the five Florida Children's Initiatives (\$400,000 per community)	2,000,000
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning		
Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

**11. Program Performance:**

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

Increase the number of children engaged in health and wellness programs Increase the number of children involved in physical fitness activities Reduce the childhood obesity rate

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

Engage children in wilderness education programs and park experiences .Expand community gardening in the neighborhood. Engage children in robust fitness activities including year-round comprehensive athletics programs. Provide nutrition and healthy cooking lessons. Increase access to healthy meals.

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

Engaging children and their families in physical fitness programs. Providing nutrition education and healthy cooking lessons to children and families. Expanding community gardening in the neighborhoods. Working with neighborhood youth to develop and operate businesses for growing, packaging, marketing and selling fresh produce.

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

At-risk children and families in disadvantaged neighborhoods

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

Overall increase in wellness in five food deserts state wide. Measuring and monitoring the impact of the program on childhood obesity and other indicators of child health.

**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?**

None. Standard penalties are adequate

**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.**



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N/A

#### 13. Requestor Contact Information:

- a. **Name:** Winnie Heggins
- b. **Organization:** Ounce of Prevention
- c. **E-mail Address:** Wheggins@ounce.org
- d. **Phone Number:** (850)933-2846

#### 14. Recipient Contact Information:

- a. **Organization:** Ounce of Prevention fund Florida
- b. **County:** Statewide
- 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:** Winnie Heggins
- e. **E-mail Address:** wheggins@ounce.org
- f. **Phone Number:** (850)933-2846

#### 15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**