



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1730

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

4. **Project/Program Description**

Curley's house is a 501(c)3 Grassroots organization founded in 2001, to provide bulk food products to the elderly, individuals and families who are very poor or have low-to-moderate income. Many of the people we serve live on a fixed income, receive minimal food stamp assistance and cannot afford to purchase food after rent, utilities and other necessary expenses are paid. The funds will also be used to secure a larger facility for food distribution. In an effort to keep the elderly socially engaged, healthy, and prevent depression, we plan several group events and social activities free of charge to them.

5. **State Agency to receive requested funds**
 State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="383,917"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	383,917

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="383917"/>	<input style="width: 80%;" type="text" value="61.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="248,126"/>	<input style="width: 80%;" type="text" value="39"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	632,043	100 %

8. **Has this project previously received state funding?** Yes No
 If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

9. **Is future-year funding likely to be requested?** Yes No
 If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Operational Costs: Other		
Salary and Benefits	PROJECT DIRECTOR -\$40,000; ASST PROJECT DIRECTOR-\$35,000; ADMINISTRATOR -\$30,000; WAREHOUSE -\$40,000; DATA ENTRY-\$30,000	175,000
Expense/Equipment/Travel/Supplies/Other	RENT-\$30,000;FPL-\$18,000;TRASH REMOVAL-\$6,000; TEL &INTERNET-\$7,200;TRUCK RENTAL-\$12,000;FORK LIFT-\$7,140;WAREHOUSE EQUIP-\$7,577;OFFICE SUPPLIES-\$8,000;COMPUTERS, LAPTOPS & SOFTWARE -\$18,000; FOOD-\$60,000; MISC & CLEANING SUPPLIES-\$10,000; INSURANCE-\$25,000	208,917
Consultants/Contracted Services/Study		<input type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
Total State Funds Requested (must equal total from question #6)		383,917



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11. Program Performance

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

To feed Senior citizens, individuals and families who constantly face severe food deficiencies. Also to teach, train and share information on how to live a healthier life by changing ones diet is pertinent to bettering their health issues.

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

Some of the activities to be provided include bulk food distribution, health seminars and flyer distribution on a variety of health issues commonly affecting the elderly. Additionally, several events are planned throughout the year to motivate Senior citizens to interact and engage socially in group settings. Some of these social group activities are the annual Mother/Fathers day luncheon and attendance at sporting events for various local teams. These events are provided at no charge and are events that Seniors would not be otherwise able to afford to attend. Having Seniors participate in social activities and gatherings keeps them socially engaged and prevents depression.

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

Bulk food distribution to supplement people's food insecurities and the event planning of social activities to have the elderly engage in group activities to ensure interaction and help prevent depression. When Seniors are socially engaged and active they are less likely to suffer from depression.

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

Approximately, 800 SENIORS who are at least 62 years old, based upon previous years of service.

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

To prevent hunger and starvation and provide the people we serve with the education needed to learn how to be healthier by exercising, cooking and eating in a healthier manner.

- 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?

Return unused funds.



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12. **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.**

Not applicable.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.