



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1805

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

4. **Project/Program Description**

Food Pantry to serve low income families, Pre- School students, Grade School students, High School students and the Homeless.

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="250,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	250,000

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="250000"/>	<input style="width: 80%;" type="text" value="59.0"/> %
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="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="175,000"/>	<input style="width: 80%;" type="text" value="41"/> %
Total Project Costs for Fiscal Year 2020-2021	425,000	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: 80%;" 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	A portion of the funds will be used for the salaries of the Executive Director, Program Manager, Project Manager and daily staff servicing Haitian American families throughout the South	90,000
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	A portion of the funding will go towards expenses related to supplies, mobile food pantry operation, sustainable food storage and anticipated growth to feed more than 3000 families a week.	160,000
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		250,000



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11. Program Performance

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

Feed the needy families

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

Weekly food distribution to 200 to 300 families.

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

Food Provision

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

Pre- School students, Grade School students, High School students, Homeless and other disadvantage persons and or families
200 to 300 FAMILIES

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

Feed the hungry; we measure it by signatures

- 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?

N/A



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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.**

N/A

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.