



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1493

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Strategic planning for sustainable expansion of the micro-farm network. Our current infrastructure can only take up to 10,000 sq. ft. of land per member-location, and only two member farm locations can enter per season. With the funding available for strategic planning, we will be able to take up to four member farm locations per season and increase our location capacity to two acres. We will also be able to strategically plan for the development of multiple farm locations throughout Central Florida.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	100,000
Fixed Capital Outlay	0
Total State Funds Requested	100,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	100,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	40,000	20%
Other	60,000	30%
Total Project Costs for Fiscal Year 2022-2023	200,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	100,000	1349	Yes

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?



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

10,000 for employee retention.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Strategic development executive development at \$35 per hr x 16 hrs per week x 50 wks	28,000
Other Salary and Benefits	400 total miles per year x \$0.50 per mile	200
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Farm Manager Tactical Development Focus at \$20 per hr x 20 hrs per wk x 50 wks	20,000
Expense/Equipment/Travel/Supplies/Other	Baltimore experiential field trip to the Black Food Security Network (\$300 round trip plane ticket + \$400 3 night stay) x 4 persons	2,800
Consultants/Contracted Services/Study	Central Florida Alliance to End Hunger's Community Food Resource Network project development for Grow It Forward Strategic Expansion - \$29,000 Polis Institute data capturing development - \$20,000	49,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		100,000

12. Program Performance

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

Increase of farming network capacity and member location acreage increase. Expansion of network to multiple municipalities and counties. Foundational development for quality produce production and distribution logistics across multiple geographic locations.

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

Strategic Development Task Force, logistics mapping, network mapping, member board by-laws, policies and procedures, new member toolkits, curriculum enhancements, community member mapping, consumption metrics integration, etc.

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

Access to healthy and fresh produce grown within five miles of their location on site with houses of faith and community partners.

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

Economically disadvantaged persons, elderly persons, persons with poor physical health, jobless persons, at-risk youth, homeless, developmentally disabled, preschool students, grade school students, high school students, university/college students, victims of crime, and general public.

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



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Improved physical and mental health, enriched cultural experiences, improved agricultural production/promotion/education, quality of education, improve/enhance/preserve environmental quality, increase economic activity, increase tourism, immediate job opportunities, economic self-sufficiency, all measured in qualitative data collection, surveys, production analytics, etc.

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?

If our project fails on their deliverables and/or performance, the organizations involved would have the opportunity to make it right and fix the issues in a timely fashion. Should failure to comply occur, the agency should have the right to move on to another strategic planning company that will be able to fulfill the project in its entirety. No additional suggested penalties for the contact between the organizations and the state for the funds.

13. 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.

Grow Orlando, a 501(c)(3) organization.



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number