



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2261

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

According to local Community Health Needs Assessments, as much as 24% of the Pinellas County population has experienced hunger and not knowing where their next meal is coming from. COVID exacerbated food insecurity. St. Pete Free Clinic's (SPFC) Community Food Bank distributed 20M pounds of food in FY 2021, nearly double what it distributed just two years ago. In order to accommodate surging demand for food relief, the SPFC food bank needs an additional truck to meet community need.

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                         | 0              |
| Fixed Capital Outlay               | 125,000        |
| <b>Total State Funds Requested</b> | <b>125,000</b> |

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)       | 125,000        | 50%         |
| <b>Matching Funds</b>                                |                |             |
| Federal  | 0              | 0%          |
| State (excluding the amount of this request)         | 0              | 0%          |
| Local  | 125,000        | 50%         |
| Other  | 0              | 0%          |
| <b>Total Project Costs for Fiscal Year 2022-2023</b> | <b>250,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

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.

\$3M in CARES Act funding to provide food relief in Pinellas County. Those funds were fully expended by 12/31/20.

**11. 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                    |   | 0              |
| Other Salary and Benefits  |   | 0              |
| Expense/Equipment/Travel/Supplies/Other                                |   | 0              |
| Consultants/Contracted Services/Study                                  |   | 0              |
| <b>Operational Costs: Other</b>  |   |                |
| Salary and Benefits  |   | 0              |
| Expense/Equipment/Travel/Supplies/Other                                |   | 0              |
| Consultants/Contracted Services/Study                                  |   | 0              |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |   |                |
| Construction/Renovation/Land/Planning Engineering                      | Tractor portion of 52' truck to attach to trailer (already acquired) currently being used for refrigerated storage. The tractor will allow us to put the truck on the road for pick-ups and deliveries, increasing our capability to distribute more necessary food into high-need communities. | 125,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>125,000</b> |

**12. Program Performance**

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

To reduce food insecurity in Pinellas County and promote population health

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

20M pounds of food to be distributed to high-need individuals and communities annually  
 75% of food will be fresh: produce, meat, and dairy  
 50% of households served will be families with children

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

Nutritious food will be provided directly to citizens.

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

SPFC's food bank provides food for community partners serving a range of populations in need, including children, seniors, those with special needs, students, and anyone else who cannot afford to purchase food to feed themselves or their families. The Food Bank provides food for 80,000 individuals per month or 960,000 per year (not necessarily unduplicated, as individuals may access food pantries more than once per year).

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

Long-term, Community Health Needs Assessments and other reports tracking food insecurity in Pinellas County will show a reduction in the percentage of the population experiencing food insecurity.



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**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?**

HCPS plans to launch these pilots for workforce and should we not meet the deliverables we will work with the agency to determine penalties. Since the district is a government entity, we would need to include other experts should this issue arise.

**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.**

The St. Pete Free Clinic is a not for profit organization as there are no owners. The volunteer board of directors does not receive any direct or indirect funding.



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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