

## The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1179

1.	Project Title	Helping Others And Giving Hope Mobile Food Pantry							
2.	Senate Sponsor	Ana Maria Rodrig	guez						
3.	Date of Request	02/07/2023							
4.	Project/Program De	scription							
	The Helping Others And Giving Hope (HOGAH) Mobile Food Pantry will be a one of a kind food pantry on wheels. It will allow Helping Others And Giving Hope to alleviate food insecurity in communities where elderly, families, and children live where they cannot access a food distribution site and cannot afford groceries.								
5.	State Agency to rec	eive requested fu	<b>nds</b> Depa	artment of	Agriculture and	l Consumer Service	es		
	State Agency conta	cted? No							
		<u> </u>	fa., <b>5</b> :! Va.	0000 00	0.4				
6.	Amount of the Nonr	ecurring Request	tor Fiscai Yea	r 2023-20	24		-		
	Type of Funding					Amount			
	Operations					<u>)                                    </u>			
	Fixed Capital Outlay					0	4		
	Total State Funds R	Requested				200,000	<u>'</u>		
7. <sup>.</sup>	Total Project Cost fo	or Fiscal Year 202	3-2024 (includ	ing matcl	ning funds ava	ilable for this proj	iect)		
	Type of Funding		,		mount	Percentage	1		
		aniested (from alie	stion #6)	A	200,000	100%			
Total State Funds Requested (from Matching Funds			d (nom question #0)		200,000	10070	1		
	Federal				0	0%	_		
	State (excluding the	amount of this requ	ıest)		0	0%	7		
	Local		, ,		0	0%	┪		
	Other				0	0%	7		
	<b>Total Project Costs</b>	for Fiscal Year 20	23-2024		200,000	100%			
	Total Froject Cools	10. 1 1000. 100. 20	.20 202 :			10070	_		
8.	Has this project pre	viously received s	state funding?	No					
	Fiscal Year		Amount		Specific	Vetoed			
	(уууу-уу)	Recurring	Nonrecurrin	ng Ap	propriation #				
9.	Is future funding lik	s future funding likely to be requested?							
	a. If yes, indicate nonrecurring amount per year.			150,	150,000				
	b. Describe the sou	rce of funding tha	nt can be used	used in lieu of state funding.					
We are not only going to request State funding, but also work with local officials and community partners to help fund the project and continue it's growth.									
10	). Has the entity requ	lesting this projec	t received an	, federal :	assistance rela	ated to the COVID.	-19 nandemic?		
	No No	accuring time project	ze i cocived dilj	, iodeiai			io panaomio:		
	If yes, indicate the	amount of funds r	eceived and w	vhat the f	unds were use	d for.			



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1. Status of Construction					
a. What is the current phase of the project?					
Planning Design Construction					
b. Is the project "shovel ready" (i.e permitted)?					
c. What is the estimated start date of construction?					
d. What is the estimated completion date of construction?					
List 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.					

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount	
Administrative Costs:			
Executive Director/Project Head Salary and Benefits		0	
Other Salary and Benefits		0	
Expense/Equipment/Travel/Supplies/Other		0	
Consultants/Contracted Services/Study		0	
Operational Costs: Other			
Salary and Benefits	Part-time driver for mobile food pantry and part time employee to run daily operations	55,000	
Expense/Equipment/Travel/Supplies/ Other	Cost of fresh produce and non-perishable food, insurance, fuel, and maintenance for the HOAGH Mobile Food Pantry. Cost of warehouse storage and marketing for the HOGAH Mobile Food Pantry and all of Helping Others And Giving Hope needs. It will also benefit students throughout the year with scholarships to help them to not struggle financially. We will also purchase a new vehicle with these funds.	145,000	
Consultants/Contracted Services/Study		0	
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering		0	
Total State Funds Requested (must equal total from question #6)			

## 14. Program Performance

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



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The Helping Others And Giving Hope Mobile Food Pantry will be a one of a kind food pantry on wheels. It will allow Helping Others And Giving Hope to alleviate food insecurity in communities where elderly, families, and children live where they cannot access a food distribution site and cannot afford groceries. With the funds we will also be able to secure a location for the organization to grow and secure the pantry.

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

The activities provided will meet the intended purpose of these funds because we will be providing groceries to families in food deserts that cannot drive and do not have vehicles. Other activities are to expand the programs we have created and also provide support to students attending school who may be having difficult times.

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

The direct services that will be provided to citizens by the appropriations project are that we will provide assistance in feeding themselves and their families by mobilizing a food pantry to those who cannot drive to the areas of food deserts.

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

The target population of this project are those who are going through poverty and that are in food deserts. The expected amount of individuals that we plan to distribute groceries to are 100-500 families each time we take the Mobile Food Pantry into our community.

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

The benefit of this project is to help those who cannot drive or make it normally to a food distribution to get groceries. This will be measured by our sign-in sheets before they enter on the bus.

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?

	Return of funds.					
15.	Requester Contac	t Informat	ion			
	a. First Name	Steven		Last Name	Ferreiro	
	b. Organization	Helping (	Others And Giving	д Норе		
	c. E-mail Address	steven@stevenferreiro.net				
	d. Phone Number	(305)590	-3155	Ext.		
16. Recipient Contact Information						
	a. Organization Helping Others And Giving Hope					
b. Municipality and County Miami-Dade						
c. Organization Type						
	□For Profit Entity					
	☑Non Profit 501(c)(3) ☐Non Profit 501(c)(4)					
	□Local Entity					
	□University or Co	llege				



17.

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□Other (please specify)						
d. First Name	Steven	Last Name	Ferreiro			
e. E-mail Address	Info@helpingothersandgivinghope.org					
f. Phone Number	(305)590-3155					
Lobbyist Contact Information						
a. Name	None					
b. Firm Name	None					
c. E-mail Address						
d. Phone Number						