



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1314

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Funds are to expand the Community Wellness Navigator program to address food insecurity in rural communities through bi-weekly food distributions, improve health outcomes, provide community support and resources to reduce disparity and empower individuals in our target population who fall below the ALICE (Asset-limited, income-constrained, employed) threshold to be more self-sufficient and live their lives to their fullest potential.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

7. **Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	36%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	435,200	64%
Total Project Costs for Fiscal Year 2025-2026	685,200	100%

8. **Has this project previously received state funding?**

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year 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.**

Philanthropic dollars will be sought to fund the program.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

12. 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		
Salary and Benefits	Two FTE Community Wellness Navigators and oversight of navigation program in Highlands and Hardee counties who will regularly attend food distributions to meet with visitors, as well as identify other local community events or community spaces to share resources to help community members thrive.	134,800
Expense/Equipment/Travel/Supplies/Other	Delivery costs for bi-monthly distribution at four distribution sites and 100 pop-up distributions in known food deserts and/or communities with limited transportation opportunities. Delivered foods include fresh produce, frozen meats, and shelf-stable goods to last a family approximately two weeks.	99,200
Consultants/Contracted Services/Study	Administrative fee given to four partner sites for employee costs, volunteer recruitment and retention, or other miscellaneous items such as storage or refrigeration as agreed upon between the partner site and United Way of Central Florida.	16,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

13. Program Performance

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



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The purpose of the funds requested are to address food insecurity through bi-weekly food distributions, improve health outcomes, provide community support and resources to reduce disparity through community wellness navigation, and empower individuals in our target population who fall below the ALICE (Asset-limited, income-constrained, employed) threshold to be more self-sufficient and live their lives to their fullest potential.

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

Activities include bi-monthly food distributions for an average of 200 families per distribution that includes support and resources provided by the two Community Wellness Navigators. Food site partners will track data on the number of individuals served, pounds of food distributed and number of volunteers utilized. The navigators will survey attendees to determine needs and resources provided.

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

Citizens will receive emergency food assistance as well as access to healthcare resources, mental health services, preventive care, education support, childcare, housing/rent assistance, or other nonprofit resources that will help them to thrive in their community and live life to its fullest potential. The purpose is to lessen the gap for families living below the ALICE threshold.

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

The target population are those individuals who fall below the ALICE (Asset-limited, income-constrained, employed) threshold and are economically disadvantaged. The program serves several thousand individuals in both counties.

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

All individuals who attend the food distributions are finding ways to be more economically self-sufficient by filling a need at no cost to reduce the gap between their survival budget and income so that they can save their money for other needs such as rent, utilities, childcare or transportation. Navigators track the number of individuals and families who attend food distributions, as well as the number of individuals or families they have assisted.

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?

Funds would be returned to the State.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply



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a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

18. 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 Ext.



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19. Lobbyist Contact Information

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

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.