



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1919

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

4. Project/Program Description

The cost of food, housing/rent, and fuel is well documented and working families with children and seniors from local communities are continuing to seek additional support from Second Harvest Food Bank of Central Florida. The project will stabilize households by bolstering their economic self-sufficiency through the distribution of nutritious food and wholesome meals. Ensuring access to essential food supports the health, wellbeing, and financial stability of these communities and drives long-term economic stability and prosperity for Florida. The project will serve Brevard, Lake, Marion, Orange, Osceola, Seminole, and Volusia Counties.

5. State Agency to receive requested funds
- State Agency contacted? No

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

Type of Funding	Amount
Operating	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

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)	1,000,000	75%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	334,000	25%
Total Project Costs for Fiscal Year 2025-2026	1,334,000	100%

8. Has this project previously received state funding? Yes
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	561,776	355	No

9. Is future-year funding likely to be requested? No
- a. If yes, indicate nonrecurring amount per year.
- b. Describe the source of funding that can be used in lieu of state funding.
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Complete questions 10 and 11 for Fixed Capital Outlay Projects

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		0
Expense/Equipment/Travel/Supplies/Other	Project expenses include costs for food resources and transportation costs for food resources.	1,000,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,000,000

13. Program Performance

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

The funding will be invested into our community to increase access and encourage healthy eating and improve families' economic self-sufficiency.

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



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Fiscal Year 2025-2026

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SHFBCFL will stabilize a family household by strengthening their economic self-sufficiency through the consistent distribution of nutritious food resources and wholesome meals. The purpose of the funds is to ensure access to essential food resources which supports the health, wellbeing, financial stability of these communities and drives long-term economic stability and prosperity for Florida.

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

To increase financial stability, SHFBCFL will provide direct distribution of nutritious food resources and healthy meals.

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

Individuals and families from local communities, who are experiencing financial/economic instability, will be served by this project. The population also includes elderly, at-risk youth, university/college students, jobless individuals, and veterans among others.

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

To improve physical health the project will increase access to healthy, nutritious food for working families with children, individuals, seniors, and veterans and measured by the total pounds of healthy food distributed.

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?

The project will be on a reimbursement basis. SHFBCFL will submit invoices to the State for payment as benchmarks or outcomes are met at regular intervals. SHFBCFL will not receive funding if targets are not met.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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

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)?



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1919

- 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.**

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address



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d. Phone Number

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