



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2876

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project will help increase the overall health and wellness of senior residents through healthy habits including healthy eating, benefit screening, and nutrition counseling.

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	945,000
Fixed Capital Outlay	555,000
Total State Funds Requested	1,500,000

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)	1,500,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,500,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	3,000,000	100%

8. Has this project previously received state funding? No

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? No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

08/01/2025

d. What is the estimated completion date of construction?

06/30/2026

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

Unrestricted donations and revenue from healthcare meal contracts.

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.

Feeding South Florida is the sole owner of the logistics equipment to be used for the project.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Person to lead the project, ensure all capital is acquired and deliverables are met.	25,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Technology, including managed services, trouble tickets, and monthly service fees.	30,000
Operational Costs		
Salary and Benefits	Meal prep staff, grocery box fulfillment staff, logistics staff, and senior services personnel to ensure all individuals are receiving the full benefit of the project.	770,000
Expense/Equipment/Travel/Supplies/Other	Rent, utilities, and mileage needed for the success of the project.	120,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Capital equipment including temperature-controlled vehicles, fulfillment equipment, and technology.	555,000
Total State Funds Requested (must equal total from question #6)		1,500,000

13. Program Performance

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

Purpose of the funds requested is to help increase the overall health and wellbeing of seniors in South Florida through increased healthy food access.

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



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Feeding South Florida will survey seniors and prepare meals in accordance with their dietary guidelines to ensure an increased quality of life. Feeding South Florida will also conduct wellness checks on seniors and help to decrease social isolation of homebound seniors by conducting regular home visits. Activities will include home delivered healthy groceries or meals to low-income individuals including those who are on Medicaid or have been discharged from a healthcare provider; ensuring the individuals have access to healthy food to take medication and/or to reduce the likelihood of returning to the doctor for the same condition.

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

Feeding South Florida will provide healthy meals, nutrition education, and wellness checks; more specifically:
 Family Intake Assessment
 Eligibility Determination
 Grocery or Meal Delivery
 Nutrition Counseling
 Benefits Screening

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

The target population are homebound individuals who struggle with mobility and must receive home delivered meals or groceries to obtain the proper nutrition to increase overall health and wellness. Most of the homebound individuals are senior citizens over the age of 65 years old.

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

The expected benefit for the targeted community is to increase access to healthy food, improve quality of life, and reduce social isolation. Feeding South Florida will conduct regular surveys of all recipients to measure the above outcomes and determine impact.

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?

Not meeting the milestones or deliverables results in holding back of funds proportionate with the percentage of deliverables 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#:



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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.**

19. Lobbyist Contact Information



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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.