



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2901

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

4. Project/Program Description

The goal with this grant is to increase our impact in feeding the needy in Palm Beach County. In 2024, the Kind Kitchen fed over 30,000 meals to local neighbors in need. We are non-sectarian and kosher, with meals going to veterans, Holocaust survivors, single parents, the elderly, the homebound, and other is need. This funding will allow us to add 103 households to our weekly deliveries, reducing our waitlist from over 130 households.

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	93,500
Fixed Capital Outlay	0
Total State Funds Requested	93,500

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)	93,500	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	93,500	50%
Total Project Costs for Fiscal Year 2025-2026	187,000	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.**
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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		0
Expense/Equipment/Travel/Supplies/Other	Food for distribution:	93,500
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)		93,500

13. Program Performance

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

The purpose is to increase our impact by distributing nutritious meals to 103 households currently on our waiting list.

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

Our food is prepared and delivered by our dedicated volunteers, so primary cost is the rising cost of food. Our current impact is about 30,000 meals a year, so we are looking to replicate our track record at a greater scale. 103 households will be added to receive ready-made, wholesome, nutritious meals weekly. We go to areas which meals on wheels and other facilities don't cover.

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



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We will be increasing the quantity of hot, complete meals delivered directly to homebound, elderly, economically disadvantaged, veterans, Holocaust survivors, and the disabled that we serve in Palm Beach County. We have in-house dedicated kitchens that have recently undergone renovations. Our organization is nonsectarian and open to anyone in the area who qualifies.

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

The target population is Palm Beach County residents in need of food- the homebound, elderly, economically disadvantaged, veterans, Holocaust survivors. We intend to move 103 qualifying families from our waiting list to our delivery list.

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

We track how many recipients there are and how many meals they receive, as well as recipient feedback.

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?

Returning funds.

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

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



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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

d. Phone Number

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