

LFIR # 3383

| . Project Title | Farmers Feeding Florida- Healthy Food Initiative |
|-----------------|--|
|-----------------|--|

2. Senate Sponsor Stan McClain

**3. Date of Request** 3/11/2025

## 4. Project/Program Description

Feeding Florida partners with Florida farmers to source fresh commodities (produce, protein and dairy) that would otherwise not find its way into the supply chain (due to it being cosmetically blemished or market shifts) to distribute through our 9 member Food Banks throughout the State of Florida, in partnership with over 2,500 partner agencies. Working through our network, we ensure that food insecure Floridians have access to healthy nutritious food and are connected to the services they need. In addition, we help facilitate movement of excess products to other states, which brings in revenue to growers across Florida.

5. State Agency to receive requested funds Department of Agriculture and Consumer Services

State Agency contacted? Yes

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

| Type of Funding             | Amount     |
|-----------------------------|------------|
| Operating                   | 10,000,000 |
| Fixed Capital Outlay        | 0          |
| Total State Funds Requested | 10,000,000 |

## 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) | 10,000,000 | 100%       |  |
| Matching Funds                                 |            |            |  |
| Federal  | 0          | 0%         |  |
| State (excluding the amount of this request)   | 0          | 0%         |  |
| Local  | 0          | 0%         |  |
| Other  | 0          | 0%         |  |
| Total Project Costs for Fiscal Year 2025-2026  | 10,000,000 | 100%       |  |

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

| Fiscal Year | Amount    |              | Specific        | Vetoed |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу)   | Recurring | Nonrecurring | Appropriation # |        |
| 2024-25     | 0         | 6,500,000    | 1624            | No     |

### 9. Is future-year funding likely to be requested?

Yes

10.000.000

Yes

a. If yes, indicate nonrecurring amount per year.

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

Feeding Florida would attempt to raise money from the private sector to continue the Farmers Feeding Florida program.



## **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

| 10. Status of Const | ruction          |                       |            |               |                   |
|---------------------|------------------|-----------------------|------------|---------------|-------------------|
| a. What is the cu   | rrent phase of t | he project?           |            |               |                   |
| 🔘 Planning          | 🔵 Design         | Construction          | 🔘 N/A      |               |                   |
| b. Is the project   | "shovel ready" ( | (i.e permitted)?      |            |               |                   |
| c. What is the es   | timated start da | te of construction?   |            |               |                   |
| d. What is the es   | timated comple   | tion date of construe | ction?     |               |                   |
| e. What funding     | stream will be u | ised for ongoing ope  | erations a | nd maintenanc | e 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                             | Partial compensation for support staff to coordinate member<br>engagements, analyze transportation expense tracking, monitor<br>accounting and auditing processes and interface with the public on<br>Feeding Florida operations.  | 30,000     |
| Expense/Equipment/Travel/Supplies/<br>Other           |  | 0          |
| Consultants/Contracted<br>Services/Study              | Partial compensation for consulting support on hunger topics, health related issues, food supply chain analyses, distribution planning, food and funding allocation, population analyses and supporting data analyses of food bank operations.   | 50,000     |
| Operational Costs                                     |  |            |
| Salary and Benefits                                   | Partial compensation for staffing to support statewide efforts on produce recovery and distribution.   | 50,000     |
| Expense/Equipment/Travel/Supplies/<br>Other           | Acquisition of produce, protein and dairy from Florida and distributors.<br>Funds my be used for harvesting and packing fees associated with<br>recovery. These fees are paid directly to Florida based agricultural<br>businesses. Includes partial coverage of the transportation costs<br>associated with movement of products. | 9,870,000  |
| Consultants/Contracted<br>Services/Study              |  | 0          |
| Fixed Capital Construction/Majo                       | r Renovation:  |            |
| Construction/Renovation/Land/<br>Planning Engineering |  | 0          |
| Total State Funds Requested (m                        | ust equal total from question #6)  | 10,000,000 |

## 13. Program Performance



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

Feeding Florida is a network of 9 food banks that work with over 2,500 partner agencies to distribute food to those individuals and families that are food insecure. A large part of our operation is working with Florida farmers and to source fresh product including fruits, vegetables, dairy and protein to distribute through our 9 member Food Banks throughout the State of Florida in addition to other healthy food recovered or purchased to ensure that food insecure Floridians have access to healthy, nutritious food and are connected to the services they need.

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

All activities associated with the analysis, acquisition and distribution of food to the food insecure citizens of Florida.

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

Funding will be utilized to provide food to food insecure Floridians.

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

The target population are those individuals and families that are food insecure as defined by multiple state and national assessments. This includes, but is not limited to, Feeding America, the United Way ALICE Report, census data and independent food bank analyses. This figure is currently estimated at over 3 million people across the state.

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

Reduction in food insecurity levels in all 67 counties. Measured by pounds of food distributed through the Feeding Florida network and number of families served.

## 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?

Feeding Florida must submit evidence of performance prior to drawing down the funds. Feeding Florida is reimbursed \$0.35 for every pound of produce recovered and \$1.50 for every pound of protein and is paid after the food is sourced and distributed. The agency has the authority to withhold payment for failure to perform.

### 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 infastructure)

### 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#:



LFIR # 3383

## 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     | Robin                    | Last Name | Safley |
|-------------------|--------------------------|-----------|--------|
| b. Organization   | Feeding Florida          |           |        |
| c. E-mail Address | robin@feedingflorida.org |           |        |
| d. Phone Number   | (850)545-6400            | Ext.      |        |

#### **18. Recipient Contact Information**

| a. Organization | Feeding Florida |  |
|-----------------|-----------------|--|
|                 |                 |  |

b. Municipality and County Leon

## 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     | Robin                    | Last Name | Safley |
|-------------------|--------------------------|-----------|--------|
| e. E-mail Address | robin@feedingflorida.org |           |        |
| f. Phone Number   | (850)545-6400            | Ext.      |        |

**19. Lobbyist Contact Information** 



LFIR # 3383

| a. Name           | Jon E. Johnson            |
|-------------------|---------------------------|
| b. Firm Name      | Johnson & Blanton         |
| c. E-mail Address | cheryl@johnsonblanton.com |
| d. Phone Number   | (850)224-1900             |

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