



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 2913

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

4. Project/Program Description

Funds will be used to serve the growing number of Palm Beach County residents facing chronic food insecurity. Our goal is to reach 200 households below the Asset Limited Income Constrained Employed (ALICE) Household Survival Budget threshold, which is the bare minimum of cost of household basics to live and work in the current economy (United Way 2025). During our intake assessment for food assistance, we may learn if the person needs mental or other service referrals to restore stability.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

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

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	250,000	50%
Total Project Costs for Fiscal Year 2026-2027	500,000	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.**
- Funds raised from individual donors and private foundations.

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	Indirect Admin Fee of 10% covers items non-directly contributed to the program including but not limited to Accounting, IT, Rent, Utilities. Management Fee of 5% covers pre-award and post-award administration, compliance, management, reporting, and operational tracking.	32,609
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	\$217,391 = \$18,116 per/month allocated for (1) Client Distribution of products dry foods, \$9,058; fresh/frozen foods, \$3,623; household cleaning supplies, \$1,812; personal health, \$1,812 and (2) Program Supplies: \$1,811 for bags, boxes, packing mats., food containers, labels & "use by" stickers, thermometers, disposable gloves, food-safe cleaning supplies, hand soap. 200 households served monthly.	217,391
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)		250,000

13. Program Performance

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



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

Care managers will conduct bio-psychosocial assessments and eligibility screenings. Clients will be notified of the range of assistance available (such as mental health services) in addition to food assistance in two locations. Food program staff will procure and solicit donations of food and household items. Monthly distributions occur via pantry visits by clients or through home deliveries. Free educational sessions will be held 5–6 times per year, offering healthy dietary guidance and budget-friendly recipes based on foods available at the time.

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

More than 50% of clients will participate in an in-person, client choice option that includes fresh food offerings. Homebound clients receive deliveries. Food program clients have access to a care manager who assists in addressing the current need and root cause of financial instability and refers them to wraparound services if needed.

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

The goal is to reach 200 households (360 individuals) below the Asset Limited, Income Constrained, Employed (ALICE) Household Survival Budget threshold. ALICE currently describes 46% of all Palm Beach County households, comprised of 12% of households at up to 200% of the Federal Poverty Level and 34% of ALICE, which is the bare minimum of cost of household basics to live and work in the current economy. The ALICE calculator uses household size, employed adults, number of children or other dependents, and monthly income, with a separate United Way algorithm used for elderly residents.

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

All clients receiving food assistance gain relief from strained household budgets struggling to meet basic expenses such as housing, utilities, and insurance. The program also provides items not covered by SNAP such as household cleaning supplies and personal care products. Food distribution will be measured by financial value and weight and tracked through PantrySoft software. Clients who opt for agency counseling or other mental health services are tracked through Welligent Electronic Health Record software. Quarterly performance-quality surveys from food assistance clients will assess program success, and educational sessions will be evaluated through survey feedback. Over time, many ALICE households reduce their need for food assistance as they gain the knowledge, resources, and confidence to support themselves.

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?

If we fail to deliver services as described in this application and/or the contract with the Florida Department of Agriculture and Consumer Services, we will negotiate return of funds.

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?



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- 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
- 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



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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.