



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1491

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To advance the strategic plan for the Meals on Wheels food bank. To expand it's operations and to provide greater access to food for those that are our most vulnerable, living at poverty or below, and live in food deserts.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	175,000
Fixed Capital Outlay	325,000
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	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 2024-2025	500,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

retailer partnerships that provide a food resource.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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)?

No

c. What is the estimated start date of construction?

08/01/2024

d. What is the estimated completion date of construction?

01/01/2025

12. 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.

Meals on Wheels Pasco. We are a non-profit organization that is not owned by any one person, but governed by a Board of Directors.

13. 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: Other		
Salary and Benefits	To hire and staff the food bank with part time employees.	40,000
Expense/Equipment/Travel/Supplies/Other	Equipment to include but not limited to walk-in coolers and freezers, stand alone freezers, shelving and cabinetry. Technology	90,000
Consultants/Contracted Services/Study	Permitting, electrical and plumbing	45,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	structure(s), lot and clearing.	325,000
Total State Funds Requested (must equal total from question #6)		500,000

14. Program Performance

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

To provide access to food daily for all those who suffer from hunger and are living at or below poverty. We believe it will also open up opportunities for other retailers to understand nothing should be wasted and that we can assure them it is going to feed their communities.

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

To ensure that there will be access to a food pantry that is open daily through out the week.

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



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Currently, the food pantries that operate here in our community are on very limited schedules. This procurement and expansion will drive the initiative to operate food pantries daily, Monday - Friday on a consistent basis. The hours will be expanded and provide access to immediate food.

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

There is no target population. It is our mission to feed anyone who is hungry and has a need for nutrition. Those numbers are staggering and continue to grow as the inflation and cost of food has caused many to choose between electric, medicine or food.

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

All recipients will be required to register with their agency and then those numbers will be provided to us in order to determine the resultive outcome.

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 the contract?

Failure to meet state and local performance measures will result in loss of future funding for all applicable years.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. 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

17. Lobbyist Contact Information

a. Name



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b. Firm Name

c. E-mail Address

d. Phone Number