



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3211

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This program will ensure immediate access to an abundance of fresh fruits and vegetables to increase the overall well-being of our community. With a steady diet of healthy agriculture, families will thrive. It is proven that a well-nourished, working adult will miss less days of work. A well-nourished child will learn better in school. Persons at-risk of or with chronic health conditions can maintain or even prevent additional medical issues with proper access to healthy agriculture.

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	2,740,354
Fixed Capital Outlay	1,125,750
<b>Total State Funds Requested</b>	<b>3,866,104</b>

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)	3,866,104	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>3,866,104</b>	<b>100%</b>

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.

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? None yet

d. What is the estimated completion date of construction? None yet

**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.**

They are self-owned with a board of directors..

**13. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Project Director will ensure overall project success and manage the daily aspects of the entire project.	144,000
Other Salary and Benefits	Human Resource, Finance and Accounting, and Contract	104,310
Expense/Equipment/Travel/Supplies/Other	Supplies, computers, technology, etc.	11,340
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	This includes the cost of moving food from its origin to the family dinner table; including family case management, procurement, packaging, preparing, transporting, and handling all food and food related item (family assessment, access to food, and home delivery if necessary).	1,768,560
Expense/Equipment/Travel/Supplies/Other	This includes the equipment needed to move food in and out of the warehouse, including occupancy, vehicle leases and warehouse equipment leases.	637,144
Consultants/Contracted Services/Study	This is primarily technology and ensuring the safety of all the families' personal information.	75,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Additional home delivery vehicles, a conveyor system and shelving for home delivery fulfillment.	1,125,750
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,866,104</b>

**14. 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?**

Healthy Choice Pantries, Medically Tailored Grocery Fulfillment/Meal Preparation (Home Delivered), and a Mobile FARMacy (Health Market on Wheels)

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

We will be able to assess and address a family's ability to access basic needs that prevent them from achieving overall well-being in South Florida. - Healthy Food - Transportation

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

We will serve malnourished families, low-income families, and seniors who are home-bound.

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

Individuals assisted will share whether their physical health has improved. Feeding South Florida will administer a pre-survey and a post-survey to determine the physical health of the families/individuals served. Families and individuals will learn about the health benefits of fresh fruits and vegetables, and where their food comes from. Through our nutrition education classes, we assess families to determine their current knowledge of healthy eating and where their food comes from. After the class, we conduct another assessment to determine what was learned. Many families, especially older adults or individuals with disabilities do not have reliable access to transportation. Feeding South Florida will ensure access to healthy food by bringing the food to them. Feeding South Florida will track all families and individuals who receive home delivery.

**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?**

Return all funds.

**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)



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- 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**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**