



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1043

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

4. Project/Program Description

Phase II Site Redevelopment and Food Bank Expansion to include:
 Rezoning of the new parcel;
 Engineering Site Plan and Permitting;
 Surveying Parking Lot Improvements;
 Architectural & design services;
 3,000 sq. ft. expansion to include offices, restrooms, breakroom, warehousing, covered canopy of approximately 1,400 sq.ft.

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

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	600,000
Total State Funds Requested	600,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	600,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	600,000	50%
Total Project Costs for Fiscal Year 2023-2024	1,200,000	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.**
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10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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Yes

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

Coronavirus Consolidated Appropriations Act, \$242,147 (2021-2022)
 Families First Act, \$707,819 (2020-2021)
 American Rescue Plan, \$1,185,100 (2021-2024)

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

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?

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.

501(c)(3) organization
 President & CEO: Maribeth Philips
 CFO: William M. Grenier
 Capital Expansion Chair: Mark Goodson

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	Sepi Engineering \$58,100 MacFarlane, Ferguson & McMullen - legal fees (est.) \$20,000 Architectural Design Services \$30,000 Manasota Commercial Construction \$4,500 Manatee County Rezoning \$19,000	131,600
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Manasota Commercial Construction - Phase II Parking Lot Expansion and Building Expansion \$1,068,4000, less matching funds of \$600,000	468,400
Total State Funds Requested (must equal total from question #6)		600,000



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14. Program Performance

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

The Food Bank of Manatee will be better able to accommodate the procurement, warehousing, and distribution of food as the county's population and food insecurity grows within our community. Meals on Wheels PLUS of Manatee (MOWP) is the ONLY hunger relief organization serving at least 85 food pantries and is based locally in the community. MOWP is committed to planning for the future to meet these increased demands and continue to successfully provide hunger relief to residents in need throughout Manatee County.

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

Food distribution to over 85 pantries throughout manatee County;
 Food procurement from retail store pick-ups and local farms;
 Direct food distributions, as needed (ie: Thanksgiving, Christmas, school breaks and disaster relief response.);
 Emergency food and baby baskets to at-risk families and babies; and
 Food drives.

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

Direct food distributions;
 Increased food available for distribution to local pantries.

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

The target population served by the Food Bank of Manatee is low-income families, children, babies, and seniors - most who fall within the Asset Limited, Income Constrained (ALICE) population.

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

Increased efficiencies and capacity for food procurement, distribution, and warehousing to meet the increased demands of the community.

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?

The agency is confident it can meet the deliverables and performance measures outlined in the contract for this grant. However, in the event the agency falls short of its performance goals, the agency is prepared to return any portion of the grant that is in alignment with the measurement of unmet performance goals.

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



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- 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

b. Firm Name

c. E-mail Address

d. Phone Number