



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Fresh Food Equipment Upgrade

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 11/09/2017

4. **Project/Program Description:**

Acquiring cooler for sustaining produce and cold items; and implementing an inventory tracking system with a new computer and software to better serve our clients needs.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Agriculture and Consumer Services

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
17,890	27,500	45,390

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	2,225	4.7%
TOTAL	2,225	4.7 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 47,615

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2016-17

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

\$27,500

11. Program Performance:

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

To sustain produce and cold items by purchasing the refrigeration equipment , upgrading truck to carry heavier weight for more product, and implementing an inventory tracking program.

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

Provide fresh produce and cold products in larger quantities to our low income families.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Supplies & Program Cost	890
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Program Coordinator	13,000



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Computer& software + cost of 2 yr webbase Inventory Tracking System	4,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Refrigeration Truck Extension, Cooler Unit for Storage Building, & Walk in Cooler	27,500
TOTAL		45,390

d. What are the direct services to be provided to citizens by the appropriations project?

We expect to get more fresh produce and cold products into the hands of more families .

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

Low Income Families - 15,000 Individuals Yearly

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

To give these families more nutritional food products to maintain a higher quality of life. We use an HMIS client tracking system to monitor how often clients use food or basic need services.

g. 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?

DACS may withhold all or a portion of the funds if the contract/deliverables is deemed unsatisfactory.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Cutting Edge ministries is the entity and the owner of the facility.

13. Requestor Contact Information:

- a. Name: Wendell Smith
- b. Organization: Cutting Edge Ministries
- c. Email: cedgemin@gmail.com
- d. Phone Number: (863)773-2484

14. Recipient Contact Information:

- a. Organization: Cutting Edge Ministries
- b. County: Hardee
- c. Organization Type:



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- ☐ For Profit
- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Wendell Smith

e. E-mail Address: cedgemin@gmail.com

f. Phone Number: (863)773-2484

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: