



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Harry Chapin Food Bank of Southwest Florida, Supplemental Food Program for Seniors

2. **Senate Sponsor:** Kathleen Passidomo

3. **Date of Submission:** 11/13/2017

4. **Project/Program Description:**

Harry Chapin Food Bank of Southwest Florida, Supplemental Food Program for Seniors

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
800,000		800,000

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	282,000	26.1%
TOTAL	282,000	26.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,082,000

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? 2017-18

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

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>		<b>400,000</b>	<b>400,000</b>

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

Yes

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

800,000

**11. Program Performance:**

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

To source and distribute monthly food kits to 2,200 low income seniors in Lee, Collier, Charlotte and Hendry Counties

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

Program will source food, build kits, and distribute to qualified seniors at 30+ distribution sites.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	Administration	24,996
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Food kit construction and	127,698



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	distribution	
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Food kit supplies, transportation, equipment, misc.	929,922
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,082,616

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

Food kits will be distributed once a month, containing supplemental food to feed a senior for up to two weeks. Sites are carefully chose for accessibility for the participants

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

Low income seniors (<130% of the Federal poverty level) who must be over 60 years old, and live in Lee, Charlotte, or Collier counties

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

Seniors, many of whom are isolated and not physically mobile will be to get healthy, fresh food as well as staples. Research shows a strong link between food insecurity and health and longevity of seniors. (See for instance, <https://www.nfesh.org/wp-content/uploads/2013/03/SeniorLiteratureReport-Final-Draft.pdf>.) This program addresses that issue. Specific data will be kept indicating how many seniors participated, number of kits distributed, number of distribution sites, and the number of kits per site.

**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?**

N/a

**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.**

None

**13. Requestor Contact Information:**

- a. **Name:** Richard LeBer
- b. **Organization:** Harry Chapin Food Bank of Southwest Florida
- c. **Email:** rleber@harrychapinfoodbank.org
- d. **Phone Number:** (239)334-7007



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**14. Recipient Contact Information:**

**a. Organization:** Harry Chapin Food Bank of Southwest Florida

**b. County:** Charlotte, Collier, Lee

**c. Organization Type:**

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

**d. Contact Name:** Richard LeBer

**e. E-mail Address:** rleber@harrychapinfoodbank.org

**f. Phone Number:** (239)334-7007

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**