



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1501

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Feeding Tampa Bay's goal to end hunger follows a strategy that Evolves food delivery to a model built around the needs of those we serve that breaks down barriers to access and Energizes community health through nutritious meals and programs for economically disadvantaged households. This program directly distributes food to rural and urban at risk communities.

5. **State Agency to receive requested funds**

State Agency contacted?  Yes  No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 100%;" type="text" value="633,000"/>
Fixed Capital Outlay	<input style="width: 100%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>633,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 100%;" type="text" value="633000"/>	<input style="width: 100%;" type="text" value="40.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Local	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Other	<input style="width: 100%;" type="text" value="960,000"/>	<input style="width: 100%;" type="text" value="60"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>1,593,000</b>	<b>100</b> %

8. **Has this project previously received state funding?**  Yes  No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

9. **Is future-year funding likely to be requested?**  Yes  No

If yes, indicate nonrecurring amount per year.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1501

10. 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		<input style="width: 100%; height: 30px;" type="text"/>
Other Salary and Benefits		<input style="width: 100%; height: 30px;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 100%; height: 30px;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 100%; height: 30px;" type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits	100% Driver = \$50,000 100% Mobile Pantry Associate = \$40,000	<input style="width: 100%; height: 30px; text-align: right; value: 90,000;" type="text"/>
Expense/Equipment/Travel/Supplies/Other	Fresh and shelf stable Foods to Encourage: Urban = \$312,000; Rural = \$156,000 Truck = \$75,000	<input style="width: 100%; height: 30px; text-align: right; value: 543,000;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 100%; height: 30px;" type="text"/>
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		<input style="width: 100%; height: 30px;" type="text"/>
<b>Total State Funds Requested (must equal total from question #6)</b>		<input style="width: 100%; height: 30px; text-align: right; value: 633,000;" type="text"/>



# The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

LFIR # 1501

## 11. Program Performance

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

The requested funds will support Feeding Tampa Bay's goal to end hunger, revolving around strategies to Evolve food delivery to a model built around the needs of those we serve that breaks down barriers to access and to Energize community health through nutritious meals and programs for economically disadvantaged households.

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

Feeding Tampa Bay will distribute food to economically disadvantaged persons from a variety of backgrounds.

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

Food insecure citizens will receive healthy fresh and shelf stable food.

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

The target population is anyone who identifies as food insecure, including jobless persons, economically disadvantaged persons, at-risk youth, homeless, developmentally disabled, physically disabled, preschool students, grade school students, high school students, university/college students, and currently or formerly incarcerated persons

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

Individuals will have increased access to healthy food, measured by pounds of food distributed to the community and the percentage of that food qualifying as "Foods to Encourage."

- 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 in the contract?

None



# The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

LFIR # 1501

12. **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.**

No fixed capital outlay funding requested.

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **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

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.