



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2153

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

4. **Project/Program Description**

Pilot program authorizes the implementation and use of mobile technology for the Florida Disaster Supplemental and Nutrition Assistance Program, and to draw down a 200% match of Federal Funds. This program will work in combination with outcomes designed to maximize revenue, reduce fraud, reduction in administrative costs, centralized authorization, improved disaster benefit delivery response time, increase in nutritional engagement and coupons provided to discounts to maximize funding for benefits.

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: 80%;" type="text" value="250,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>250,000</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: 80%;" type="text" value="250000"/>	<input style="width: 80%;" type="text" value="25.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="500,000"/>	<input style="width: 80%;" type="text" value="50"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="250,000"/>	<input style="width: 80%;" type="text" value="25"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>1,000,000</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: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

9. **Is future-year funding likely to be requested?**     Yes     No
- If yes, indicate nonrecurring amount per year.



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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 type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other	Travel associated with coordination between State and participating retailers. Procuring equipment for testing and achieving pilot outcomes. Identifying and implementing pilot program within counties. Measuring pilot results and preparing results. Make recommendations to the State.	250,000
Consultants/Contracted Services/Study		<input type="text"/>
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
<b>Total State Funds Requested (must equal total from question #6)</b>		250,000



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#### 11. Program Performance

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

Full implementation of pilot program providing benefits to citizens and State agencies as outlined in attached outcome measures, including fraud reduction, reduction in administrative costs, centralized authorization, improved disaster benefit delivery response time, increase in nutritional engagement and coupons provided to discounts to maximize funding for benefits.

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

Mobile and remote access for processing applications and transactions for disaster benefits through D-SNAP as well as nutritional engagement and digital promotion access to help recipients afford more and adopt healthier lifestyles.

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

Remote availability/approval for services, Reduction in waiting time and paper application process, enhanced disaster response time and benefit delivery. Fraud deterrence and reduction in lost or stolen cards, continual access to transmission and tools to help recipients adopt healthier lifestyles, in addition to coupons provided for discounts to maximize funding for benefits.

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

The pilot area of the population eligible for D-SNAP benefits after a hurricane or other catastrophes. .

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

Identification of fraudulent accounts, suspicious transactions, card replacement pattern, suspicious vendor practices. Reduction in cost for fraud investigations. Tracking number of recipients that are enrolled through mobile option. Tracking savings associated with less on-site training. Tracking the reduction of on-site staff processing paper applications. Decreasing the number of people waiting to apply on-site. Reduction in numbers of cards and replacement cards issued. Savings in transportation costs and efficiency in time savings to dispense benefits. Time saved in delivery of services. Tracking amount of data transmitted while connectivity is down. Tracking of usage of nutritional information. Data usage of coupon transactions and dollars saved.

- 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?

Suspension of funding.



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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.**

N/A

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.