



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2283

1. **Project Title** North Miami Food Pantry

2. **Senate Sponsor** Jason Pizzo

3. **Date of Request** 12/31/2019

4. **Project/Program Description**

A food choice pantry free to the community to address food insecurity.

5. **State Agency to receive requested funds** Department of Agriculture and Consumer Services

State Agency contacted? ☐ Yes ☒ No

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

Type of Funding	Amount
Operations	100,000
Fixed Capital Outlay	000
Total State Funds Requested	100,000

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)	100000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	100,000	100 %

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		

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Collaboration between the City of North Miami and Feeding South Florida to implement a food pantry for the benefit of North Miami residents.	100,000
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		100,000



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11. Program Performance

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

The purpose of the funds is to implement a food pantry in collaboration with Feeding South Florida for the benefit of North Miami residents.

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

Participants will be provided a budget to shop weekly, which teaches the fundamentals of budgeting. This program also helps alleviate hunger through the provision of food to families, while maintaining a high level of dignity. The pantry is slated to serve approximately 200 persons weekly, operating three times a week.

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

The program enables the North Miami constituency to receive nutritionally balanced meals inclusive of fruits and vegetables and a variety of healthy food choices.

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

North Miami residents; approximately 200 persons weekly.

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

The program will address food insecurity and in some instances eliminate hunger. There will be a database that assesses the number of households served. Additionally, other services and assistance programs will be made available.

- 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?

The penalty for not performing project would require the reimbursement of state funds.



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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.