



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1829

1. Project Title Disaster Supplemental Nutrition Assistance Program Mobile Technology Pilot

2. Senate Sponsor Joe Gruters

3. Date of Request 02/04/2021

4. Project/Program Description

Pilot program authorizes the implementation and use of mobile technology for the Florida Disaster Supplemental and Nutrition Assistance Program (D-SNAP), and the ability to receive a 200% match of federal funds. This program will work in combination with outcomes designed to maximize revenue, reduce fraud, reduce administrative costs, centralize authorization, improve disaster benefit delivery response time, increase in nutritional engagement and coupons provided, and increase in discounts to maximize funding for benefits.

5. State Agency to receive requested funds Department of Children and Families

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</b>

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	25%
<b>Matching Funds</b>		
Federal	500,000	50%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	250,000	25%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>1,000,000</b>	<b>100%</b>

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	250,000	354	Yes

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No



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If yes, indicate the amount of funds received and what the funds were used for.

#### 11. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Travel associated with coordination between State and participating retailers; Procuring equipment for testing and achieving pilot outcomes, Implementation in pilot counties.	250,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>250,000</b>

#### 12. 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, 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 applicant 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, and coupons 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?

All sectors of the population eligible for D-SNAP benefits after a hurricane or other natural disasters. Over 5,000 individuals or any individuals in the effected population.

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



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Identification of fraudulent accounts, suspicious transactions, card replacement patterns, and suspicious vendor practices. Reduction in cost for fraud investigations. Measured by tracking number of recipients that are enrolled through mobile option, tracking savings associated with less on-site training, and 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 the contract?**

Suspension of funding.

**13. 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



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#### 14. Requestor Contact Information

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

#### 15. 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

#### 16. Lobbyist Contact Information

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