



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2030

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

#### 4. Project/Program Description

Feeding Tampa Bay has launched a \$40 million capital campaign to build a purpose-designed facility to not only meet the projected demand for food but also provide wraparound services including health screening, nutrition education, financial literacy, job training, additional capacity for deployment of social enterprise programs, and more. An economic study shows the facility will have an overall positive net economic impact of \$381.5 million in value of recovered food, volunteer labor, job training, cost efficiencies, enhanced community value, and more. A state contribution of \$2.5 million over two years would constitute approximately 10% of the total facility investment, with 90% of the funding raised through local, business, and private donors. State funding will not only lead to transformational benefits for citizens but will be used to leverage local support from cities and counties throughout the Tampa Bay region.

5. State Agency to receive requested funds
- State Agency contacted?

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,500,000
<b>Total State Funds Requested</b>	<b>2,500,000</b>

#### 7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,500,000	6%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	10,000,000	25%
Other	27,500,000	69%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>40,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	400,000	110	Yes

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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

Over 90% of funding for the facility will be raised through local, business, government, and/or private funds. \$15 million has already been secured and \$10 million in matching funds are being sought from local governments throughout the 10-country region.



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

Yes

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

Approximately \$12 million in FY 2020-2021 for emergency food relief to people negatively impacted economically by the pandemic.

**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		0
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	Property has been purchased; site design and engineering are underway. Funding will be used for facility design, engineering, and construction.	2,500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,500,000</b>

**12. Program Performance**

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

The purposefully designed facility will not only meet the projected demand for food relief and disaster preparedness but also provide wraparound services including health screening, nutrition education, financial literacy, job training, additional capacity for deployment of social enterprise programs, and more.

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

In addition to serving 150 million meals annually, the new facility will provide space for an on-site medical clinic to screen for diseases such as diabetes and hypertension, set aside 25-30% of the overall space for community use, provide classroom space for job training to enable self-sufficiency, and increase capacity for disaster preparedness and emergency response.

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

Providing medical screening for diabetes and hypertension; prescription meals through partnerships with healthcare organizations for medically at-risk/senior citizens; household income through job training and certification in culinary arts, warehouse logistics, and commercial truck driving; access to benefits and services, such as SNAP, which increase household income; increased capacity for disaster-preparedness and emergency response; nutrition education and financial literacy; and more.

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

Over 1 million individuals in the 10-county Tampa Bay region who are food-insecure, including 1 in 5 households, 1 in 6 adults, and 1 in 4 children.



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

Providing access to food, education, training, and services moving individuals/families to personal sustainability. A purpose-built facility makes this possible.

**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?**

Standard contract penalties are sufficient.

**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.**

Feeding Tampa Bay is the owner of the facility.



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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