

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 1239

. Project Title	Super Power Snack Pack Progr	ram for Children		
. Senate Sponsor	Lori Berman			
. Date of Request	11/06/2023			
. Project/Program D	escription			
Beach County, Fund	d fund the distribution of 25,000 heading would assist with expanding a school meals and promotes health	n existing award-winning	program in the coun	ged children in Palm ty that supplies child
		artment of Agriculture and		3
State Agency conta	acted? Yes			
Amount of the Non	recurring Request for Fiscal Yea	r 2024-2025		
Type of Funding		Amo	unt	
Operations			350,000	
Fixed Capital Outlay	1		0	
Total State Funds	Requested		350,000	
Type of Funding	or Fiscal Year 2024-2025 (includ		Percentage	ect)
	equested (from question #6)	Amount 350,000	100%	
Matching Funds	equested (nom question #o)	330,000	100 /6	
Federal		0	0%	
	amount of this request)	0	0%	
Local Other		0	0% 0%	
Other		0	0%	
	s for Fiscal Year 2024-2025			
Total Project Cost	s for Fiscal Year 2024-2025 eviously received state funding?	350,000	0% 100%	
Total Project Cost	•	350,000 No Specific		
Total Project Cost	eviously received state funding?	No Specific	100%	
Total Project Cost	eviously received state funding? Amount	No Specific	100%	
Total Project Costs Has this project pr Fiscal Year (уууу-уу)	eviously received state funding? Amount Recurring Nonrecurrir	No Specific Appropriation #	100%	
Total Project Costs Has this project pr Fiscal Year (уууу-уу) Is future funding li	eviously received state funding? Amount Recurring Nonrecurring kely to be requested?	No Specific	100%	
Total Project Costs Has this project pr Fiscal Year (уууу-уу) Is future funding li	eviously received state funding? Amount Recurring Nonrecurrir	No Specific Appropriation #	100%	
Total Project Costs Has this project pr Fiscal Year (уууу-уу) Is future funding li a. If yes, indicate r	eviously received state funding? Amount Recurring Nonrecurring kely to be requested?	No Specific Appropriation #	Vetoed	
Total Project Costs Has this project pr Fiscal Year (уууу-уу) Is future funding li a. If yes, indicate r	Amount Recurring Nonrecurring kely to be requested? conrecurring amount per year.	No Specific Appropriation #	Vetoed	
Total Project Costs Has this project pr Fiscal Year (yyyy-yy) Is future funding li a. If yes, indicate r b. Describe the so	Amount Recurring Nonrecurring kely to be requested? conrecurring amount per year. urce of funding that can be used	No Specific Appropriation # No In lieu of state funding.	Vetoed	
Total Project Costs Has this project pr Fiscal Year (yyyy-yy) Is future funding li a. If yes, indicate r b. Describe the so	Amount Recurring Nonrecurring kely to be requested? conrecurring amount per year.	No Specific Appropriation # No In lieu of state funding.	Vetoed	9 pandemic?
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Complete questions 11	and 12 for Fixed Capital Outlay Projects	5
11. Status of Construction		
a. What is the current phase of	of the project?	
Planning Design	○ Construction ○ N/A	
b. Is the project "shovel ready	" (i.e permitted)?	
c. What is the estimated start	date of construction?	
d. What is the estimated com	oletion date of construction?	
	y to receive, directly or indirectly, any fixed capital outlaners of the facility and the entity.	y funding. Include the
13. Details on how the requested	I state funds will be expended	
Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	1 Project Manager	25,90
Other Salary and Benefits	2 Delivery Drivers	12.00

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	1 Project Manager	25,900
Other Salary and Benefits	2 Delivery Drivers	12,000
Expense/Equipment/Travel/Supplies/ Other	Gas Reimbursement for delivery of the snack packs to the children and pick up of the groceries	700
Consultants/Contracted Services/Study	Hiring of an outside consulting firm - as a non-entity employee - to provide compliance and technical assistance	35,000
Operational Costs: Other		
Salary and Benefits	1 Program Coordinator	9,100
Expense/Equipment/Travel/Supplies/ Other	Purchase of 25,000 bags, labels, and fresh fruit and snacks to fill snack packs; storage containers; activity books; office storage; utilities; and an aluminum walk ramp for loading of the delivery vehicles	265,600
Consultants/Contracted Services/Study	Purchase of a General Liability Insurance Policy	1,700
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	350,000

14. Program Performance

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

Delivery of healthy snack packs to 25,000 disadvantaged children in Palm Beach County

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

Delivery of healthy snack packs to 25,000 disadvantaged children in Palm Beach County



15.

16.

17.

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c. What direct ser	vices will be provided to	citizens by t	he appropriation project	?	
Delivery of health	y snack packs to 25,000 dis	sadvantaged	children in Palm Beach Co	unty	
d. Who is the targ	et population served by t	his project?	How many individuals a	re expected to be served?	
At-risk and econo 25,000 after-school	mically disadvantaged chilo ol snack packs to children ir	dren in the Pa	alm Beach County school d district.	istrict. Expect to be able to serve	
e. What is the exp	ected benefit or outcome	of this proj	ect? What is the methodo	ology by which this outcome will	
be measured?					
Reducing food ins	security for 25,000 children et and reduce food security	in Palm Bead in more disa	ch County. Use of the Unite dvantaged zipcodes of the	ed Way of Florida ALICE Household county.	
f. What are the su	ggested penalties that th	e contractin	g agency may consider i	n addition to its standard penalties	
for failing to meet	deliverables or performa	ince measur	es provided for the contr	act?	
Repayment of fun deficiencies	ds to the state on a pro-rate	ed basis, afte	er being given a reasonable	chance to correct any contractual	
Requester Contac	t Information	1		1	
a. First Name	Kristin	Last Name	Carstarphen		
b. Organization	Eat Better Live Better, Inc). 			
c. E-mail Address	kristin@eblb.org	1			
d. Phone Number	(561)344-1022	Ext.			
Recipient Contact	Information				
a. Organization	Eat Better Live Better, Inc				
b. Municipality and	d County Palm Beach				
c. Organization Ty	ре				
□For Profit Entity					
☑Non Profit 501(d	c)(3)				
□Non Profit 501(d	c)(4)				
□Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Kristin	Last Name	Carstarphen		
e. E-mail Address	kristin@eblb.org				
f. Phone Number	(561)344-1022				
Lobbyist Contact I	nformation				
a. Name	Daniel Sohn				



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b. Firm Name	Floridian Group, LLC.
c. E-mail Address	daniel@flagroupllc.com
d. Phone Number	(954)243-4705