

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

LFIR # 2860

1. Project Title	Daily Bread Distribution	Center			
2. Senate Sponsor	Geraldine Thompson				
3. Date of Request	12/21/2023				
4. Project/Program De	escription				
counties in Florida a	, the Daily Bread Distributi t a much higher capacity. \ ter the race, creed or cultu	We provide f	ood at no charge to f	amilies, children, ho	can serve eight omeless, senior citizens
5. State Agency to red	ceive requested funds	Departm	ent of Agriculture and	Consumer Service	S
State Agency conta	cted? No				
6. Amount of the Nonr	ecurring Request for Fis	scal Year 20	24-2025		
Type of Funding			Amo	unt	
Operations				500,000	
Fixed Capital Outlay				0	
Total State Funds F				500,000	
Type of Funding	or Fiscal Year 2024-2025		Amount	Percentage	,
Total State Funds R	equested (from question #	6)	500,000	100%	
Matching Funds					
Federal			0	0%	
State (excluding the	amount of this request)		0	0%	
Local			0	0%	
Other			0	0%	
Total Project Costs	for Fiscal Year 2024-202	25	500,000	100%	I
8. Has this project pre	eviously received state for	unding?	No		
Fiscal Year (уууу-уу)	Amount Recurring Non	recurring	Specific Appropriation #	Vetoed	
9. Is future funding lik		V-0-0#	No		l
	onrecurring amount per irce of funding that can I	•	└── ieu of state funding.		
			<u> </u>		
No	uesting this project rece	·			19 pandemic?



11. Status of Construction

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Daily Bread Distribution Center would have a free-standing food bank that can serve eight counties in Florida at a much higher capacity at no charge to anyone. This is our effort to fight food insecurity.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

i	a. What is the current phase of the project?						
	Planning	O Design	Construction	O N/A			
	b. Is the project "	shovel ready" (i.	e permitted)?				
	c. What is the est	imated start date	e of construction?				
	d. What is the est	imated completi	on date of construc	ction?			
2.	List the owners relationship bet	of the facility to ween the owners	receive, directly or of the facility and	indirectly the entity	y, any fixed capital o y.	outlay funding. Include	the

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits		0		
Other Salary and Benefits	Administration/ operations management	37,049		
Expense/Equipment/Travel/Supplies/Other	Office supplies: Computer, printer, ect.	25,002		
Consultants/Contracted Services/Study	Audits and accounting	49,566		
Operational Costs: Other				
Salary and Benefits	Truck driver, secretary, warehouse staff, liaison, etc.	75,951		
Expense/Equipment/Travel/Supplies/ Other	Operational cost: Food supplies, trucks, fuel, repairs, maintenance, forklifts, electric pallet and manual pallet jacks, warehouse, refrigerators, freezers, trailer.	312,432		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6)				

14. Program Performance

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

If funds are granted, the Daily Bread Distribution Center would have a free-standing food bank that can serve eight counties in Florida at a much higher capacity. We provide food at no charge to families, children, homeless, senior citizens, the disabled, no matter the race, creed or culture in an effort to fight food insecurity.

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



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Obtain fruits, vegetables, and other healthy food products to serve the eight counties directly (Orange, Seminole, Osceola, Lake, Brevard, Volusia, Polk, Marion) on a higher scale.

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

The Daily Bread Distribution Center holds over 250 Community Food Distributions each year. The Daily Bread Distribution Center frequently partners with other social service organizations to provide health screenings, educational opportunities and job training on site in conjunction with the distribution of food.

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

The elderly, persons with mental health issues, those who are jobless, persons with poor physical health, at risk youth, homeless, developmentally disabled, physically disabled, drug users, pre-school, grade school, high school, university, college students, those who are formerly incarcerated, drug offenders, and crime victims.

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

We can do surveys every six months asking the recipients to share their experiences from receiving food from Daily Bread Distribution Center and the lifestyle changes that they've been able to make because of it.

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?

The Daily Bread Distribution Center will forfeit dollars while any discrepancy is corrected... working with the contact manager, or penalties if corrections are made and shortcomings or discrepancies aren't addressed.

Requester Contact Information					
a. First Name	Magdala	Last Name	St Jean		
b. Organization	Daily Bread Distribution Center				
c. E-mail Address	maggie@dailybreaddc.org				
d. Phone Number	(407)285-1108	Ext.			
. Recipient Contact	Information				
a. Organization	Daily Bread Distribution (Center			
b. Municipality and County Orange					
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	Magdala	Last Name	St Jean		
e. E-mail Address	maggie@dailybreaddc.or	g			



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f. Phone Number	(407)285-1108				
17. Lobbyist Contact Information					
a. Name	None				
b. Firm Name					
c. E-mail Address					
d. Phone Number					