

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

LFIR # 3603

1. Project Title	Feeding Empty	Feeding Empty Little Tummies - Manatee County				
2. Senate Sponsor	Jim Boyd					
3. Date of Request	01/16/2024					
4. Project/Program D	escription					
Weekend Meal Ba students in Manate	ckpack program pro e County - delivered	viding 2 breakfas I to 59 schools - c	ets, 2 lunches, and 2 din currently serving 1,752 d	ners to homeless an hildren.	d food insecure	
5. State Agency to re	ceive requested fu	ınds Depar	tment of Health			
State Agency cont	acted? No					
6. Amount of the Nor	recurring Request	for Fiscal Year	2024-2025			
Type of Funding			Amo	Amount		
Operations				455,505		
Fixed Capital Outla	у		0			
Total State Funds	Requested			455,505		
7. Total Project Cost	for Fiscal Year 202	4-2025 (includin	ng matching funds ava	ilable for this proje	ect)	
Type of Funding			Amount	Percentage		
Total State Funds F	Requested (from que	estion #6)	455,505	100%		
Matching Funds						
Federal			0	0%		
State (excluding the amount of this request)			0	0%		
Local			0	0%		
Other			0	0%		
Total Project Cost	s for Fiscal Year 20	024-2025	455,505	100%		
8. Has this project p	eviously received	state funding?	No			
Fiscal Year (уууу-уу)	Ame Recurring	ount Nonrecurring	Specific Appropriation #	Vetoed		
9. Is future funding likely to be requested?			Yes			
a. If yes, indicate nonrecurring amount per year.			455,505			
b. Describe the so	urce of funding th	at can be used i	n lieu of state funding.			
Grants, private do	nors, corporate spor	nsors and fundrai	sing			
10. Has the entity red	questing this proje	ct received any	federal assistance rela	ted to the COVID-1	9 pandemic?	
No						
If yes, indicate the	amount of funds	received and wh	nat the funds were use	d for.		



11. Status of Construction

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Complete questions 11 and 12 for Fixed Capital Outlay Projects

Planning Design	○ Construction ○ N/A	
b. Is the project "shovel ready"	(i.e permitted)?	
c. What is the estimated start da	ate of construction?	
d. What is the estimated comple	etion date of construction?	
2. List the owners of the facility t relationship between the owners	o receive, directly or indirectly, any fixed capital outlay funding. Inclers of the facility and the entity.	ude the
. Details on how the requested s	tate funds will be expended Description	Amount
Administrative Costs:	2000, 100	
Executive Director/Project Head Salary and Benefits		(
Executive Director/Project Head		
Executive Director/Project Head Salary and Benefits		(
Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/		(
Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs: Other		(
Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study		(
Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs: Other	Purchase of all food items for the weekend program; backpacks and bags.	(
Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs: Other Salary and Benefits Expense/Equipment/Travel/Supplies/	Purchase of all food items for the weekend program; backpacks and bags.	455,505
Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs: Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Fixed Capital Construction/Majore	bags.	455,505
Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs: Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study	bags.	455,505

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

Received funding will enable Feeding Empty Little Tummies to purchase food in bulk - thus saving financially while providing more food for additional students. In addition, we will purchase supplies needed for the program.

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

The funds will provide weekend meal backpacks containing six meals (meeting the caloric intake as provided by the Dietetics Department of the University of Florida) to the students on the program.

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



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The direct services are weekend meal backpacks delivered to Manatee County schools for homeless and food insecure students.

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

The target population is children ages of 3 years of age to 18 years of age. FELT is currently feeding 1,725 children. We have a waiting list of 35+ children waiting to join the program.

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

Studies show children who receive weekly/weekend meals show significant improvement with emotional health and gain positive reinforcement when they possess/present positive behavior and acceptance. Healthy and vibrant students are more likely to participate in classroom activities. This not only ensure their positive education experience, it provides the whole class with a positive experience.

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?

FELT would forfeit any remaining funding and future funding. The Board of Directors would take action in addition to the state.

15. Requester Contact Information					
-			Della		
a. First Name	Kim	Last Name	Bailey		
b. Organization	Feeding Empty Little Tummies				
c. E-mail Address	kimberlydinsdale@aol.com				
d. Phone Number	(941)896-7870	Ext.			
16. Recipient Contact Information					
a. Organization	Feeding Empty Little Tummies				
b. Municipality and County Manatee					
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	Kim	Last Name	Bailey		
e. E-mail Address	kimberlydinsdale@aol.com				
f. Phone Number	(941)896-7870				

17. Lobbyist Contact Information



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a. Name	None
b. Firm Name	
c. E-mail Address	
d. Phone Number	