



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3357

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The purpose of this program is to reimburse the school for the additional cost of providing Kosher meals over what the Federal government is reimbursing them under the NSLP.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	400,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>400,000</b>

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>400,000</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	400,000		No

9. Is future-year 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.

The school that is currently running the program is swallowing the additional Kosher cost into their operating budget which is completed by their fundraising efforts and generous donors.

## Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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a. What is the current phase 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 completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. List 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.

12. 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</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	The additional cost that the Kosher food provider charges to provide and service the Meal program.	400,000
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>400,000</b>

13. Program Performance

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

These funds will enable the school to continue to serve our students Kosher meals and snacks during school. These funds specifically make up the difference between what the Federal Government is paying and what the meals actually cost.

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

Breakfast, Lunch and snacks will be served every day to the students of Chabad Hebrew Academy.

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

Breakfast, Lunch and snacks will be served every day to the students of Chabad Hebrew Academy.



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

School Aged children are the target population, 650 individuals are expected to be served.

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

The expected benefits are that when the students receive healthy and nutritious meals following the USDA guidelines, they are statistically more likely to be successful academically. The methodology we use to measure the outcome is both attendance and standardized testing scores.

**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 in the contract?**

Reversion of funds

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply



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a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

#### 17. Requester Contact Information

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

#### 18. 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  Ext.

#### 19. Lobbyist Contact Information

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

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*