

1. Project Title

# The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

Wakulla County Senior and Community Hunger Initiative

**LFIR # 1428** 

2. Senate Sponsor	Corey Simon						
3. Date of Request	10/15/2025						
4. Project/Program D	escription						
incomes. Many residual nutritious food. Wak	dents face food inse culla Giving Hands f	ecurity, lack reliabl ills this critical gap	n need. Wakulla Count e transportation, and o by delivering food dire ed State support,100's	cannot afford consist ectly to shut-in senio	tent access to ors and providing		
5. State Agency to re	ceive requested fu	ınds Departr	ment of Agriculture and	d Consumer Service	es		
State Agency conta	acted? No		<u>-</u>				
6. Amount of the Non	recurring Request	for Fiscal Year 2	026-2027				
Type of Funding			Amo	ount			
Operating				329,000			
Fixed Capital Outlay	/			400,000			
<b>Total State Funds</b>	Requested			729,000			
7. Total Project Cost f	for Fiscal Year 202	6-2027 (including	g matching funds ava	nilable for this proj	ect)		
Type of Funding			Amount	Percentage			
Total State Funds Requested (from question #6)			729,000	100%			
Matching Funds							
Federal			0	0%			
State (excluding the	amount of this requ	uest)	0	0%			
Local			0	0%			
Other			0	0%			
<b>Total Project Costs</b>	s for Fiscal Year 20	026-2027	729,000	100%			
8. Has this project pr If yes, provide the	•	•	No				
Fiscal Year (уууу-уу)	Ame Recurring	ount Nonrecurring	Specific Appropriation #	Vetoed			
	Recuiring	Nomecuring					
9. Is future-year fund		-	No		1		
a. If yes, indicate n	onrecurring amou	int per year.					
b. Describe the so	urce of funding th	at can be used in	lieu of state funding	-	1		



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10. Status of Constr
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a. What is the cur	rent phase of the	e project?									
<ul><li>Planning</li></ul>	O Design	Construction	O N/A								
b. Is the project "	shovel ready" (i.	e permitted)?		No							
c. What is the est	imated start date	of construction?		01/01/2026							
d. What is the est	imated completion	on date of construct	tion?	05/01/2026							
e. What funding s	e. What funding stream will be used for ongoing operations and maintenance of the project?										
Various private corporate grants and private contributions.											

### 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.

The owners of the current building Wakulla Giving Hands, Inc. (WGH) rents is: Byrd Family Properties, LLC. When WGH receives the money to purchase the building from the Byrd Family, WGH will also use the funds to expand and repair the current building we are renting. The Byrd Family is willing to sale the building to WGH.

### 12. Details on how the requested state funds will be expended

Spending Category	nding Category Description							
Administrative Costs:								
Executive Director/Project Head Salary and Benefits	N/A	0						
Other Salary and Benefits	N/A	0						
Expense/Equipment/Travel/Supplies/ Other	N/A	0						
Consultants/Contracted Services/Study	N/A	0						
Operational Costs	Operational Costs							
Salary and Benefits	N/A	0						
Expense/Equipment/Travel/Supplies/ Other	Coolers/Freezers (\$15K), Food and Nonfood (\$50K), Supplies (\$10K), Operations (\$50K), Forklift (\$96K), Electric Pallet Jack (\$7K), 2 Trucks (\$70K), Enclosed Trailer (\$5K), Gas for Drivers (\$26K = 10 Drivers @ \$50 Each Week = \$500 @52 Weeks)	329,000						
Consultants/Contracted Services/Study	N/A	0						
Fixed Capital Construction/Majo	or Renovation:							
Construction/Renovation/Land/ Planning Engineering	Buy Current Building (\$400k), Do Repairs, Purchase New Air Conditioner, Purchase Generator, Expand Building	400,000						
<b>Total State Funds Requested (m</b>	Total State Funds Requested (must equal total from question #6) 729,000							

### 13. Program Performance

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

Support weekly food distributions serving low-income families. Provide home delivery of groceries to elderly and disabled citizens including Hospice patients and cover fuel costs for drivers. Support TSC Culinary Program at Wakulla High School. Expand storage capacity (refrigerators/freezers). Cover transportation costs (fuel) for food pick-up from retailers assigned by Second Harvest. Purchase staple foods and nutritional supplements not otherwise donated.

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



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Support weekly food distributions serving low-income families. Provide home delivery of groceries to elderly and disabled citizens including Hospice patients and cover fuel costs for drivers. Support TSC Culinary Program at Wakulla High School. Expand storage capacity (refrigerators/freezers). Cover transportation costs (fuel) for food pick-up from retailers assigned by Second Harvest. Purchase staple foods and nutritional supplements not otherwise donated.

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

Support weekly food distributions serving low-income families. Provide home delivery of groceries to elderly and disabled citizens including Hospice patients and cover fuel costs for drivers. Support TSC Culinary Program at Wakulla High School. Expand storage capacity (refrigerators/freezers). Cover transportation costs (fuel) for food pick-up from retailers assigned by Second Harvest. Purchase staple foods and nutritional supplements not otherwise donated.

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

Support weekly food distributions serving low-income families. Provide home delivery of groceries to elderly and disabled citizens including Hospice patients and cover fuel costs for drivers. Support TSC Culinary Program at Wakulla High School. Expand storage capacity (refrigerators/freezers). Cover transportation costs (fuel) for food pick-up from retailers assigned by Second Harvest. Purchase staple foods and nutritional supplements not otherwise donated. We served over 600,000 adults and children last year and expect to assist even more if we received the requested funding.

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

Support weekly food distributions serving low-income families. Provide home delivery of groceries to elderly and disabled citizens including Hospice patients and cover fuel costs for drivers. Support TSC Culinary Program at Wakulla High School. Expand storage capacity (refrigerators/freezers). Cover transportation costs (fuel) for food pick-up from retailers assigned by Second Harvest. Purchase staple foods and nutritional supplements not otherwise donated. We will tabulate the number of elderly, children, and families served weekly, monthly, and annually.

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?

Discontinue future funding.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

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 infastructure)

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

	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 infastructure)								
b. N	lame of the natural disaster (or Executive Order # for events not under a federal declaration):								
15. Ha	s the entity applied for or received federal assistance for this project?								
<b>.</b>	Yes, Applied								
ο,	Yes, Received								
	No								
	No, but intends to apply								
a. If	yes, provide the FEMA project worksheet ID#:								



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b. Provide the total	project c	ost listed on the	e FEMA proj	ect workshee	)t:		
6. Has the entity app	lied for o	r received state	assistance f	or this proje	ct (other tha	an this reque	st)?
☐ Yes, Applied							
☐ Yes, Received							
□ No							
☐ No, but intends to	o apply						
a. If yes, specify the Commerce):	e progran	າ and state ager	ncy (ex. Loca	ıl Governmer	nt Emergen	cy Bridge Lo	an, Depart
. Requester Contact	Informat	ion					
a. First Name	Casey	1011	Last Name	Kimbrell			
b. Organization		Giving Hands, In	C.				
c. E-mail Address	wakullag	ivinghands@gma	ail.com				
d. Phone Number	(850)661	-0605	Ext.				
a. Organization		<b>on</b> Giving Hands, In	<u> </u>				
b. Municipality and		Wakulla	<u>.                                    </u>				
c. Organization Ty	-				_		
□For Profit Entity							
☑Non Profit 501(c	·)(3)						
□Non Profit 501(c							
`	,)(¬)						
□Local Entity							
□University or Co	•						
□Other (please sp	pecify)						
d. First Name	Christell		Last Name	Wood			
e. E-mail Address	wakullag	ivinghands@gma	ail.com				
f. Phone Number	(850)321	-7961	Ext.				
. Lobbyist Contact I	nformatio	n					
a. Name	None						



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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.