



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1544

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Sower of the Seed food pantry serves community members that live on limited incomes, with restricted transportation and few local resources for obtaining essential supplies. With grant support, we seek to purchase and distribute shelf-stable food, dry milk, and incontinence supplies—including adult pull-ups and Depends—to our high-need clients.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	25,000
Fixed Capital Outlay	0
Total State Funds Requested	25,000

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	25,000	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 2026-2027	25,000	100%

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		

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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. Status of Construction

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.

This is a 501 c 3 all monies go directly back onto the community.

12. 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	All \$25,000 will be used to purchase shelf-stable food, dry milk, and incontinence supplies—including adult pull-ups and Depends.	25,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		25,000

13. Program Performance

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

Our organization serves vulnerable older adults, over 60 years of age, in rural communities who face significant barriers in accessing basic necessities. Many of our clients live on limited incomes, with restricted transportation and few local resources for obtaining essential supplies. With grant support, we seek to purchase and distribute shelf-stable food, dry milk, and incontinence supplies—including adult pull-ups and Depends—to our high-need clients.

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

The \$25,000 grant will be used entirely to purchase and distribute nutritious shelf-stable food, dry milk, and essential incontinence supplies—such as adult pull-ups and Depends—to help seniors in need.



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

The \$25,000 grant will be used entirely to purchase and distribute nutritious shelf-stable food, dry milk, and essential incontinence supplies—such as adult pull-ups and Depends—to help seniors in need.

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

Elderly, people with poor physical health, economically disadvantaged people, up to 200 people

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

As a result of this funding, many seniors experiencing food insecurity and limited access to personal care supplies will receive monthly allotments of nutritious shelf-stable food, dry milk, and adult incontinence products. These services will help improve recipients' nutrition, overall health, and dignity, allowing them to remain safely and independently in their homes. Impact will be measured by tracking the number of seniors served, the quantity of supplies distributed, and conducting follow-up surveys to assess improvements in food security, physical health, and quality of life among participants. Testimonials and survey results will demonstrate how this support directly addressed urgent needs and made a meaningful difference in the lives of vulnerable elders

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?

Return funding and be ineligible for future funding.

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



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

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



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