



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1941

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Lake Cares, Inc. serves Lake County residents who are food insecure or at risk of or at risk of hunger. We address this important need through targeted programs in an effort to close the gap on hunger in Lake County. With a priority on good health, we promote wellness by providing fresh vegetables, fruit and dairy to clients receiving essential food through our food pantry. To assure those who need essential food the most are able to receive it, Lake Cares distributes food from our main location in Mount Dora as well as seven additional distribution sites where the population of residents who have most need resides. We distribute food in Paisley, Eustis, Sorrento, Tavares, Howey-in-the-Hills, Lisbon and East Mount Dora. Last year, we served 71,377 residents and 1.4 million pounds of food provided 20,000 families supplemental food including fresh fruit, vegetables, dairy and meat. This monumental task was accomplished with the help of 422 trained and dedicated volunteers.

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	200,000
Fixed Capital Outlay	0
Total State Funds Requested	200,000

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)	200,000	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	200,000	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.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

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.

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	100% of the requested funds will be used for the purchase of essential food to be provided during scheduled food distribution to Lake County residents.	200,000
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)		200,000

13. Program Performance

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

The specific purpose or goal of the requested funds to be used toward providing essential food to Lake County residents in need in an effort to lower the rate of food insecurity in Lake County, FL. Lake Cares has recently experienced an increase in requests for essential food with 2,000 individuals receiving food in just 36 hours through one recent distribution held in coordination with Second Harvest Food Bank. We request funds to help provide for these of individuals and families who request our services.



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

Needed food will be purchased with the requested funds and provided to Lake County residents from Lake Cares main pantry location as well as 7 distribution sites in Lake County. Clients schedule an appointment to pick up food from Lake Cares Food Pantry. During this appointment, Lake Cares will update the client record and conduct intake to evaluate their need. These funds are requested for the expressed purpose of providing for struggling families with essential food and lowering food insecurity rate in families and children living in Lake County.

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

Through this request, Lake Cares will provide essential food to Lake County families and individuals who are food insecure and in need. The requested funds in the amount of \$200,000 will assure a minimum of 53,000 individuals are provided a meal. The average meal at home cost in Florida is \$3.78. Because we buy food at a more affordable cost, we are able to provide more food to families.

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

The target population served by this project are low-income Lake Country residents who are food insecurity. Lake Cares provided for over 71,000 individuals in 2024 and expect an increase in 2026 due to population growth. The requested funds will provide for 53,000 individuals.

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

The outcome of this project is lowered numbers of individuals and families struggling with food insecurity. This change can occur when they receive essential food through Lake Cares.

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?

Refund of funds received may be considered if deliverables are not met to the terms provided.

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#:



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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

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



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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.