



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 2063

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Senior Food and Resource Program reduces food insecurity and improves health for seniors by providing nutritious food and supports in accessible, trusted community locations. Through a network of agency partners, the program delivers multiple access models including on-site congregate meals, mobile distributions, home delivery, and community pantries.

5. State Agency to receive requested funds

State Agency contacted?  No

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

Type of Funding	Amount
Operating	1,660,800
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,660,800</b>

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)	1,660,800	62%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,000,000	38%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>2,660,800</b>	<b>100%</b>

8. Has this project previously received state funding?  No

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?  No

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.**

**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	Lead personnel to manage the project, secure necessary resources, and ensure deliverables are achieved.	30,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Staffing to guarantee comprehensive access to project benefits for all individuals.	280,800
Expense/Equipment/Travel/Supplies/Other	Expenses associated with the project to cover food resources and their delivery.	1,350,000
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>1,660,800</b>

**13. Program Performance**

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

The Senior Food and Resource Program directly responds to the needs of seniors through a coordinated network of community-based strategies designed to remove access barriers, increase stability, and promote self-sufficiency. The program ensures that older adults have consistent access to nutritious food and essential resources through trusted, easily reachable locations across the Treasure Coast.

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



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Requested funds will be utilized for local, fresh groceries/meals to expand our current program reach to older adults that can benefit from accessible food and improved health outcomes.

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

Direct services will include the distribution of prepared meals and healthy groceries through congregate meal sites, mobile distributions, home delivery, and community partners.

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

Older adults facing access and affordability barriers that threaten their ability to remain healthy, independent, and food secure. We anticipate serving around 400 seniors.

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

Our goal is to improve health and reduce food insecurity among seniors by providing consistent access to nutritious food in central, convenient, and accessible community locations. We will measure this by tracking the number of meals, number of seniors served, and number of partners.

**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?**

Funding disbursement is contingent upon milestone achievement; unmet deliverables will reduce payments proportionally.

**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)?**



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- 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

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.*