Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: <u>Treasure Coast Food Bank</u>

2. Date of Submission: <u>11/07/2017</u>3. House Member Sponsor: Larry Lee

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? No If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E

- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	Α	В	С	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					2,450,000	2,450,000

- 5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2018-19? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Agriculture and

Consumer Services

- 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
- 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Our organization would be required to return the money appropriated to us if we did not meet the deliverables provided by the agency administering.

6.	Requester:
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a. Name: Judith Cruz

b. Organization: <u>Treasure Coast Food Bank</u>

c. Email: jcruz@tcfoodbank.org

d. Phone #: (772)446-1755

- 7. Contact for questions about specific technical or financial details about the project:
 - a. Name: Judith Cruz
 - b. Organization: <u>Treasure Coast Food Bank</u>
 - c. Email: jcruz@tcfoodbank.org
 - d. Phone #: (772)446-1755
- 8. Is there a registered lobbyist working to secure funding for this project?
 - a. Name: <u>None</u>
 - b. Firm: None
 - c. Email:
 - d. Phone #:
- 9. Organization or Name of entity receiving funds:
 - a. Name: Treasure Coast Food Bank, Inc.
 - b. County (County where funds are to be expended): St. Lucie
 - c. Service Area (Counties being served by the service(s) provided with funding): <u>Statewide</u>
- 10. What type of organization is the entity that will receive the funds? (Select one)
 - O For Profit
 - Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - O Local Government
 - O University or College

O Other	(Please	describe
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11. What is the specific purpose or goal that will be achieved by the funds being requested?

To provide food insecure Floridians with access to fresh, healthy food through processing and value-added product capabilities, while also boosting the local economy by providing new revenue streams to local farmers, job training, and the creation of employment opportunities.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
□a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
☐e. Salaries and Benefits		
☑f. Expenses/Equipment/Travel/Supplies/Other	Cost of three (3) refrigerated trucks to be utilized for fresh produce pickup and delivery	450,000
□g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	Equipment for our produce processing facility, including 100 and 200 gallon titling steam kettles, tumble chill lines, produce wash systems, culinary test kitchen,	2,000,000

	freezers, coolers, rolling tables, racks, washers, and all necessary commercial production kitchen items. Also includes repairs to the roof, upgrading our current septic system, renovations to expand, enclose, and cool our volunteer sorting, and a cool air dispersion system to improve temperature control throughout our whole warehouse	0.450.000
TOTAL		2,450,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

OFor Profit

⊙Non Profit 501(c) (3)

ONon Profit 501(c) (4)

OLocal Government (e.g., police, fire or local government buildings, local roads, etc.)

OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

OOther (Please describe)

14. Is the project request an information technology project?

<u>No</u>

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

<u>Yes</u>

15a. Please Describe:

We have received letters of support from various legislators, government entities, and community businesses for this project, including Rep. Gayle Harrell, Rep. Cary Pigman, Sen. Bill Nelson, Rep. Bill Posey, Florida Department of Agriculture & Consumer Services, City of Fort Pierce, St. Lucie County, Economic Development Council of St. Lucie County, St. Lucie County School District, Martin Health Systems, and Big Red Tomato Packers.

- 16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

 No
- 17. Will the requested funds be used directly for services to citizens? Yes
 - 17a. What are the activities and services that will be provided to meet the purpose of the funds?

 As the state?s only processing facility, we can process 25 million pounds of food for Florida?s agriculture industry and assist them in receiving successful bids for lucrative food contracts unavailable to them due to exorbitant costs associated with processing their products out of state, creating a new form of revenue for Florida farmers.
 - 17b. Describe the direct services to be provided to the citizens by the funding requested.

 Job Training & Employment: We will have the ability to train and employ people for food processing and culinary arts jobs through this facility. Participants in the Culinary Training Kitchen can find future work at area restaurants, resorts, and hotels or become small business entrepreneurs.
 - 17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups."). Select all that apply to the target population:
 - ☑Elderly persons
 - ☑Persons with poor mental health
 - ☑Persons with poor physical health
 - **☑**Jobless persons
 - ☑Economically disadvantaged persons
 - ☑At-risk youth
 - ☑Homeless
 - ☑Developmentally disabled
 - ☑Physically disabled
 - ☑Drug users (in health services)
 - ☑Preschool students
 - ☑Grade school students
 - ☑High school students
 - ☑University/college students
 - ☑Currently or formerly incarcerated persons
 - □Drug offenders (in criminal Justice)

□Victims of crime
☐General (The majority of the funds will benefit no specific group)
□Other (Please describe)
17d. How many in the target population are expected to be served?
O< 25
O25-50
O51-100
O101-200
O201-400
⊙401-800
O>800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit	
☑Improve physical health	Increased healthy food options through our project will help improve rates of obesity, high blood pressure, high cholesterol, and other health risk factors associated with low food security.	Decreases in these factors in all counties receiving product from our facility on Robert Wood Johnson Foundation's Annual County Health Rankings as well as an improvement in the "limited access to healthy food" and "food insecurity" health factors.	
□Improve mental health			
□Enrich cultural experience			
☑Improve agricultural production/promotion/education	The project will increase the revenue of Florida farmers by purchasing produce to be processed in our facility.	The project will increase the revenue of Florida farmers by purchasing produce to be processed in our facility.	
□Improve quality of education			

The operation of this project will allow us to create new markets for local farmers and invest 25 million into the local agricultural community.	We will track the number of pounds purchased from local Florida farmers and the number of new markets opened to them.
The facility will immediately hire 15 employees upon completion of the construction	We will track the number of employees hired within the first fully operational year of the project.
Increase number of meals provided to people in need	Distribution reports of total meals prepared and distributed through the
	us to create new markets for local farmers and invest 25 million into the local agricultural community. The facility will immediately hire 15 employees upon completion of the construction

underserved populations	project.

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
Amount Requested from the State in this Appropriations Project Request:	2,450,000	100.0%	N/A
2. Federal:	0	0.0%	No
State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	2,450,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? $\underline{\text{No}}$