

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Southeastern Food Bank

2. Date of Submission: 11/02/2017

3. House Member Sponsor: John Cortes

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:	A	B	C	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:					982,000	982,000

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? No

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.

All concerns are brought to the Board of Directors for advisement. In the event where funding exceeds the requested amount or the amount needed for the project, Southeastern Food Bank will contact the funder (the state, foundation, individual) to ask if remaining funds can be used toward another program or for general support of operations. Southeastern Food Bank is committed to best practices regarding stewardship

6. Requester:

- a. Name: Mark Anthony
- b. Organization: Bread of Life Fellowship, Inc., d/b/a Southeastern Food Bank
- c. Email: mark@southeasternfoodbank.com
- d. Phone #: (407)654-7777

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Mark Anthony
- b. Organization: Bread of Life Fellowship, Inc., d/b/a Southeastern Food Bank
- c. Email: mark@southeasternfoodbank.com
- d. Phone #: (407)654-7777

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Bread of Life Fellowship, Inc., d/b/a Southeastern Food Bank
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Bradford, Brevard, Citrus, Dixie, Gadsden, Gilchrist, Jackson, Jefferson, Lake, Leon, Levy, Marion, Orange, Osceola, Palm Beach, Polk, Putnam, Seminole, Sumter, Volusia

10. What type of organization is the entity that will receive the funds? (Select one)

- ☐ For Profit
- ☒ Non Profit 501(c) (3)

- ☐ Non Profit 501(c) (4)
- ☐ Local Government
- ☐ University or College
- ☐ Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Southeastern Food Bank (SEFV) locates, procures, and distributes salvaged and donated perishable & non-perishable foods to children, families, and the elderly in need. SEFB coordinates with local non-profit partners to distribute and feed those living below the poverty level. SEFB currently provides services in 20+ counties throughout Central and Northern Florida by operating two warehouses - Ocoee and Quincy, FL.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Full-time Exec. Director - \$60,000	60,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	1 full-time Outreach Director & 1 part-time Outreach Director (Quincy) \$70,000 1 full-time Development Director \$43,000 3 Part-time Office Assistance (Ocoee & Quincy) \$54,000	167,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	2 Operations Managers (1 full-time Ocoee & 1 part-time Quincy) \$70,000 1 full-time Warehouse Manager \$35,000 2 part-time Truck Drivers	153,000

	\$48,000	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	1 Refrigerated 26' Truck \$90,000 1 Semi-Tractor with Refrigerated trailer \$128,000 Ocoee Warehouse Expense/Maintenance \$264,000/annual Quincy Warehouse Expense/Maintenance \$120,000/annual	602,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		982,000

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)

N/A

14. Is the project request an information technology project?

No

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?

Yes

15a. Please Describe:

Southeastern Food Bank has an handful of Letters of Support from Grantors of private foundations such as The Dew Foundation, The Orlando Sentinel Family Fund, The Walmart State Giving Fund, the City of Ocoee, and others that have provided financial support in 2016-2017

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

Yes

16a. Please Describe:

The independent firm of Jason Walker and Associates was brought in June 2017 to assess the internal capacity needs of Southeastern Food Bank. The proposal was for an embedded operations manager to run operations and build policies and procedures of operation for the organization. It was put on hold due to lack of financial resources at this time.

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?

The purpose of the funds requested are for program operation and support of free food outreach services to children, families, and seniors/elderly living below the poverty level in Central and Northern Florida

17b. Describe the direct services to be provided to the citizens by the funding requested.

Through monthly food outreach programs, perishable and non-perishable food will be distributed for free by Southeastern Food Bank and its non-profit partner organizations throughout 20+ counties in Central and Northern Florida.

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): SEFB works with many non-profit agencies providing services to the food insecure families & seniors

17d. How many in the target population are expected to be served?

- ☐ < 25
- ☐ 25-50
- ☐ 51-100
- ☐ 101-200
- ☐ 201-400
- ☒ 401-800
- ☐ >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
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		

<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Reduce food insecurity	In addition to providing many of the benefits listed above, by providing free food to those afflicted by poverty and low income levels, SEFB makes it possible for recipients to have available income to pay for other necessities such as rent, utilities, medicines, fuel, clothing, etc., without having to choose which necessities they would have to otherwise forego.	Recipients complete an intake form when receiving food from SEFB or its non-profit partners. They do not, however, need to 'qualify' to receive food.

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?
1. Amount Requested from the State in this Appropriations	982,000	83.1%	N/A

Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	1,700	0.1%	No
5. Other:	198,261	16.8%	No
TOTAL	1,181,961	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No