Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

- 1. Title of Project: Mouse Nibbles Alleviating Child Hunger in Pinellas County, Florida
- 2. Date of Submission: <u>11/14/2017</u>
- 3. House Member Sponsor: <u>Wengay Newton</u> Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? <u>No</u> *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:	А	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:					116,345	116,345

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 Children and Families

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.

Return of the funds received to the state.

6. Requester:

- a. Name: Gina Wilkins
- b. Organization: The Kind Mouse Productions, Inc.
- c. Email: gina@thekindmouse.org
- d. Phone #: <u>(727)518-5575</u>
- 7. Contact for questions about specific technical or financial details about the project:
 - a. Name: <u>Beth Hawkins</u>
 - b. Organization: The Kind Mouse Productions, Inc.
 - c. Email: grantwriterbeth@gmail.com
 - d. Phone #: <u>(727)415-9992</u>

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

- a. Name: <u>None</u>
- b. Firm: <u>None</u>
- c. Email:
- d. Phone #:
- 9. Organization or Name of entity receiving funds:
 - a. Name: The Kind Mouse Productions, Inc.
 - b. County (County where funds are to be expended): Pinellas
 - c. Service Area (Counties being served by the service(s) provided with funding): Pinellas
- 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)

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

The goal is to alleviate child hunger and provide a safety net for families during times of economic transition. Chronic child hunger and food insecurity is a clear and present danger in Pinellas County. It is not always visible, but it exists - and it is heartbreaking.

Our services include a weekend pack sack program, an emergency food program, a 90-day family transition program and a youth outreach program.

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	Personnel. Funding is requested to help us maintain a level of staff that allows us to meet our existing feeding commitments and scheduled events, e.g. food drives. The Executive Director serves as Program Manager for all programs. We also have Administrative support that coordinates volunteers and oversees pantry activities.	51,650
☑f. Expenses/Equipment/Travel/Supplies/Other	Pantry Operations. We must keep our pantry operational allowing us to meet our commitments for Mouse	64,695

	Nibbles Weekend Pack Sacks, Emergency Food, and Families in Transition programs. This requires us to purchase, store, pack and transport food. The agencies with whom we collaborate, including the Pinellas County School Board, expect us to maintain proper storage of all incoming, outgoing and warehoused foods to ensure food quality and safety. Funding is requested to purchase and transport food as	
□g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
□h. Construction/Renovation/Land/Planning Engineering		
TOTAL		116,345

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?

<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:

At the start of each school year, we receive direction from the Pinellas County School Board as to which schools and number of students we will commit to providing Mouse Nibbles sacks. The continued need for our services is a testament to the importance of our work in the

community. Also, the Kind Mouse is fortunate to have the support of local civic organizations and businesses that hold fundraising events and campaigns with proceeds benefitting The Kind Mouse programs. We also have support fro

- 16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? <u>No</u>
- 17. Will the requested funds be used directly for services to citizens? $\underline{\text{Yes}}$
 - 17a. What are the activities and services that will be provided to meet the purpose of the funds?

We will purchase specific shelf-stable snack items to pack up to 350 weekend sacks each week and transport them to the Pinellas County schools. We will purchase, store, pack and transport emergency food to Jane?s Pantry (operated by Pinellas County School System) as requested. We will maintain a supply of food and household items for our families whose primary wage earner is unemployed or in career transition.

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

FEEDING KIDS ON WEEKENDS (Weekend Pack Sacks) - While many children receive free and reduced-price breakfasts and lunches at school, they do not always have reliable access to food on the weekends and evenings. We feed as many as 350 grade school students week after week which means we pack and prepare 17,500 sacks annually.PROVIDING KIDS WITH EMERGENCY MEALS (Jane's Pantry Provider) ? We are the primary provider of emergency food to Jane's Pantry, a food distribution center within the Pinellas

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		
□Improve mental health		
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
□Improve quality of education		
□Enhance/preserve/improve environmental or fish and wildlife quality		
□Protect the general public from harm (environmental, criminal, etc.)		

□Improve transportation conditions		
□Increase or improve economic activity		
□Increase tourism		
□Create specific immediate job opportunities		
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
ØOther (Please describe): Improving the quality of life, even if only on an immediate, short-term basis.	= Alleviating food insecurities of students in the Pinellas County School System; alleviating an immediate hunger need of chronically hungry students; eliminating a worry of where the next meal will come from.	: Number of Mouse Nibbles weekend pack sacks delivered to Pinellas County Schools; number of persons served by Jane?s Pantry; number of families participating in Families in Transition program; total weight and dollar value of all food distributed. The schools provide us with generalized feedback about the benefits derived from the feeding programs such as improved grades, health, attitude and behaviors.

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 Project Request:	116,345	46.1%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	136,000	53.9%	No
TOTAL	252,345	100%	

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

<u>No</u>