

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Band Aid for America Miami-Dade Food Program

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Barbara Watson

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:					747,400	747,400

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.

Return funding for upcoming years.

6. Requester:

- a. Name: Director Jason Holloway
- b. Organization: Band Aid For America Inc.
- c. Email: bandaidfl@gmail.com
- d. Phone #: (954)628-6431

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

- a. Name: Director Jason Holloway
- b. Organization: Band Aid For America Inc.
- c. Email: bandaidfl@gmail.com
- d. Phone #: (954)628-6431

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: Band Aid For America Inc.
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

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?

To expand our food program to be able to deliver 120,000 nutritious meals and snacks yearly to families and children living at or below the poverty level.

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:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Director and CFO	124,800
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Office Manager Administrative Assistant	74,800
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Rent, technology, promotions, equipment	60,600
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Consultants	100,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	5 Truck drivers	187,200
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Trucks Equipment/Refrigerator	200,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		747,400

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:

The Fresh Market: Partnership with The Fresh Market receiving food donations. Google for Nonprofits: Advertisement budget of 10,000 a month.

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:

US Census Bureau, Department of Regulatory & Economic Resources Planning Research & Economic Analysis of Miami Dade

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?

Delivering 10,000 Healthy meals and snacks monthly.

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

Reducing hunger issues b delivering food to citizens of Miami Dade County.

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?

- ☐ < 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 checked="" type="checkbox"/> Improve physical health	According Web MD "Ketosis is a normal metabolic process, something your body does to keep working. When it doesn't have enough carbohydrates from food from your cells to burn for energy, it burns fat instead ...which can lead to Ketoacidosis/ death."	We will create surveys pre and post to determine the current physical health of the people we are serving on our "Ketosis to Ketoacidosis Continuum".

<input checked="" type="checkbox"/> Improve mental health	"Prolonged semi-starvation produces significant increases in depression, hysteria and hypochondriasis (focus on somatic concerns). Also most people that are starving experience periods of severe emotional distress and grow increasingly irritable.	We will create surveys pre and post to determine the current physical health of the people we are serving on our "Ketosis to Ketoacidosis Continuum".
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Children that have a balanced diet perform better in school.	We will partner with K-12 school counselors to address the quality of education with students that have "Food Insecurities".
<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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	A person cannot achieve self sufficiency without food, water, warmth, and rest. Our food program can help a person get one step closer to economic self sufficiency.	We will be able to measure where a person is according to Maslow's hierarchy of needs.

<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 type="checkbox"/> Other (Please describe):		

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:	747,400	100.0%	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:	0	0.0%	No
TOTAL	747,400	100%	

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

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

- ☐ <1M
- ☐ 1-3M
- ☒ >3-10M
- ☐ >10M

20b. How many additional years of state support do you expect to need for this project?

- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☒ ≥ 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- ☒ ongoing activity ? no total cost
- ☐ <1M
- ☐ 1-3M
- ☐ >3-10M
- ☐ >10M